Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ecuted within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Monts. Montgomery MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Yrs. Kensington Lensington, Ad filled in by papers. hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington St. "ashington St. 3905 YES NO F NAME OF Middle DATE Manth pgu First Last Day Year DECEASED 19 58 December 14 Katharine Adams (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Female last birthday) Months Haurs DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) UCOUNTRY? INDUSTRY Maryland House Wife

13. FATHER'S NAME certificate 14. MOTHER'S MAIDEN NAME 'emoval, Ulric Hutton Janney attending p Washi Addresson ot. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. The law requires that the death (Yes\_no, ar unknown) (If yes give war ar dates of service) 218-05-0082 Page Dinnel-Kensington, Maryland INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per ling for (o), (b) land (c).) cremati burial-transit, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been p WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use YES T PHYSICIAN: for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. Nat While foctory, street, office bldg., etc.) at wark be retained by , 1991, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 194 5, to saw the deceased alive an\_ 1960 and that death accurred at? A M, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNE ATTENDING MED. DIRECTOR M.D. PHYS. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) director 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) Burial (Specify) loodside Cemetery Brinklow 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Rockville Pike VR A15 (4) 20 M 1/66 yson Wheeler

MARYLAND STATE DEPARTMENT OF HEALTH

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Iteml FilmGl DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2/20/68 17683 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Manth 2b. HOUR delay 1, nd 3 ta (Type or Print) ESTI-1968 5 PM GILMORE AUGUSTA ADDISON DEATH MATED IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 2d. HOUR pw3. December 4 19 685:15pm July 7, 1919 49 Male Negro 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED 9. COUNTY OF DEATH Eorm C Maryland United States WIDOWED [ DIVORCED [ Montgomery County Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death INDUSTRY Plumbing DOA Montgomery General during most of working life, even if retired.) Silver Spring Give 4 shauld be farwarded to the Chief Medical Examiner's Office along death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Marvland 13b. COUNTY Montgomery Silver Spring YES No kok Norbeck Road l and 2 Item 1 after 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First ADDISON ALCINDA LOUISA NOAH MMN PROCTOR \_\_ haurs pages 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) event within 72 APPROXIMATE INTERVAL .⊆ be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH permit. PART 1. DEATH WAS CAUSED BY Gunshot wound, left chest, pending IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave with exsanguination rise to immediate cause (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 ar removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
Deceased shot in left chest by 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR ONTRIBUTING HOUR A.M. crematian, 12-7 1968 CAUSE OF DEATH who used shotgun 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Home Norbeck Rd. Silver Spring Montg Md. 22a. I certify that Hook charge of the remains described above, held an Autopsy ond in my opinion Inspection director. deoth resulted from Natural causes Suicide Accident Homicide X Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may FO FUNE Health NAME (Type) NAME OF CEMPTERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) 12-11-1968 ASH MEMORIAL 24\_FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1968 VR A15ME (5) DEC

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Year (Type or Print) ESTIay is 3 ta Page ō Alm Arthur DEATH MATED IF LINDER 1 YEAR 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD pup PM3 Departm Male 7a. BIRTHPLACE (State of foreign 9. COUNTY OF DEATH CIFIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ce alang with farm country & WIDOWED T DIVORCED [ Give Pages the State 12g USUAL OCCUPATION (Kind of work done IQ. CITY OR TOWN OF PEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital after death 12b. KIND OF BUSINESS OR give street address) wetking life" even if retired) INDUSTRY Washington San & Hosp with death. 13d INSIDE CITY ISMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, it institution; Residence before 13c. odmission) STATE 13b. COUNTY YES NO haurs and 2 after 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ast First Middle te certificate, writing the ward "pending" in pencitity is should be forwarded to the Chief Medical Examinar's O be executed within 24 hours pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Navy APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO. OR AS A CONSEQUENCE OF. burial-transit Conditions, if any, which gove rise to immediate cause (a) certificate shauld any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, YES [ pe 21g. EXTERNAL CAUSE WAS P 21b, TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE please execute AT WORK burial, 220. I certify that Ltook charge of the remains described above, held on Autopsy Inquiry Pa ond in my opinion director. Acciden deoth resulted from: Notural couses Undetermined monner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED the funeral SIGNATURE Health **EXAMINER'S** may NAME (Type) 0 23a. BURIAL CREMATION TERY OR CREMATOR (County VR A15ME (5) DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

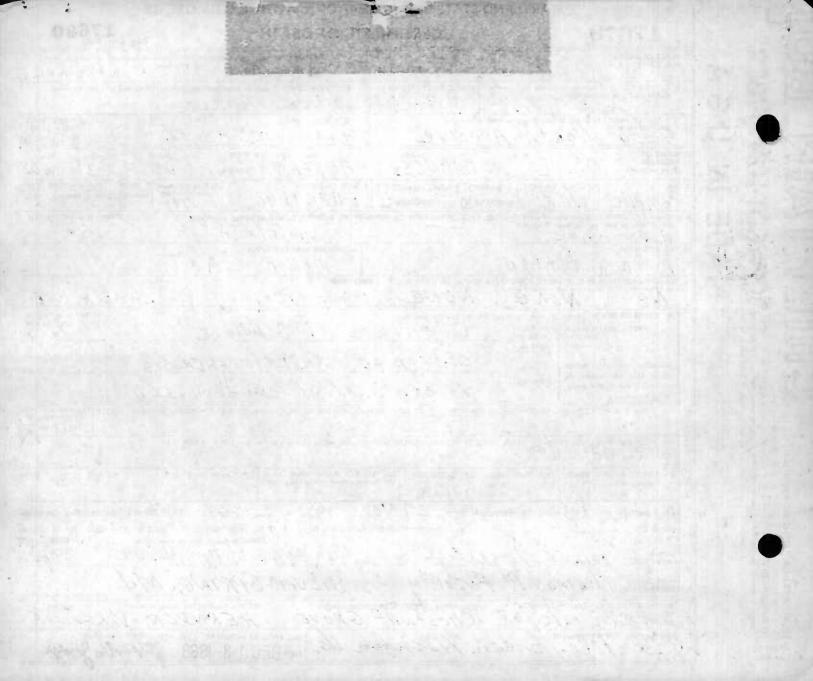
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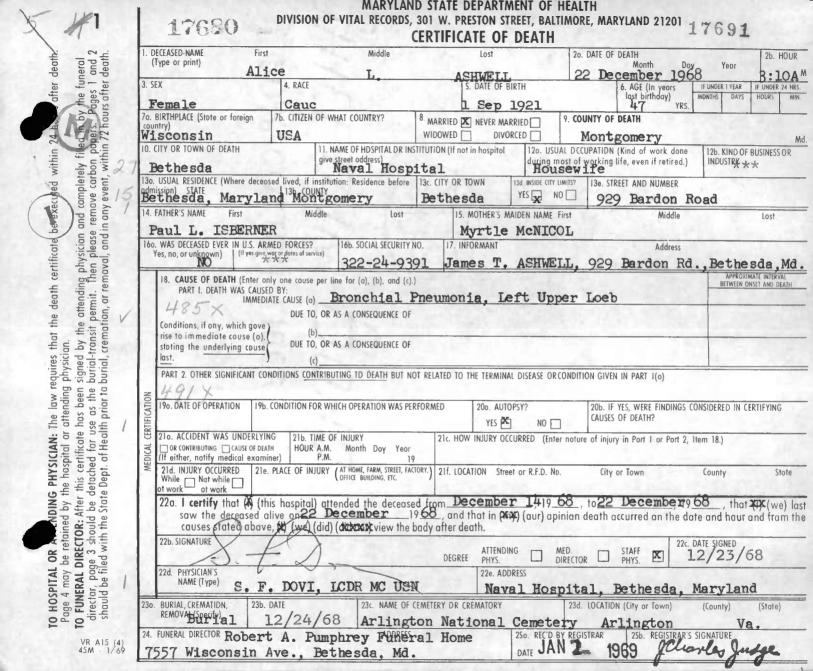
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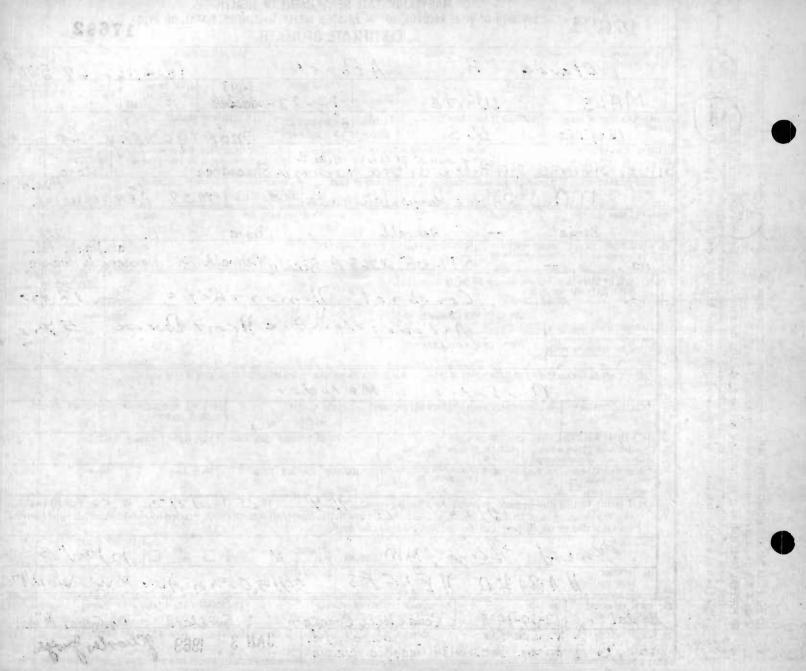




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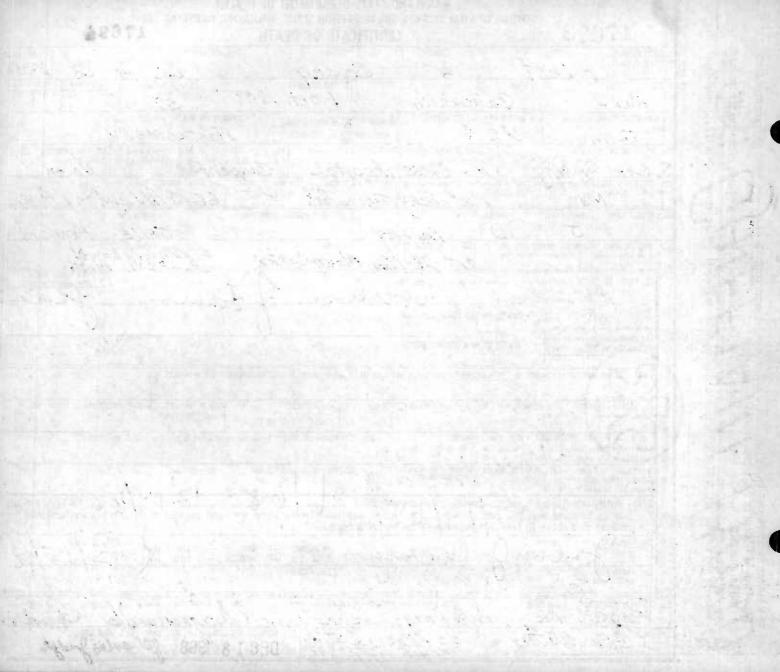
Tor Management No. 188 e. de. 18.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH ages and 2 2b. HOUR be executed within 24 haurs after death. (Type ar print) Month Claude we 11 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS MONTHS YRS WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF 9. COUNTY OF DEATH MARRIED IN NEVER MARRIED lease remove carbon payers country) Viraina WIDOWED [ DIVORCED MONTGOMER completely filled, 12a. USUAL OCCUPATION (Kind of wark dane during most at working life, even if retired.) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 5 71 UNIO BLOCK 12b. KIND OF BUSINESS OR give street address) 5 INDUSTRY store 13a. USUAL RESIDENCE (Where dedeased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Ave. admissian) STATE YES NO ab 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle BLIB Daniel Ashwell Dora physician requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Jak Par Yes, no, or unknown) burial, crematian, ar remaval, Ashwell 7908 Kennewick Avenue 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. 12112 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s フルナット directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO D YES 🗀 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical examiner) P.M. ( AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 1927, a (a) that (I) (we) last , 19 / E, to \_1968, and that in (my) (our) opinian death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) MEMOVAL (Specify) 12-30-1968 'edar Hill Cemetery 25a. REGIS BY REGISTRAR Pumphrey, Inc. 8434 Georgia Avenue DATE



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m m m		22b. SIGNATURE	Pish	non	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.   22	c. Date signed	8
1		22d. PHYSICIAN'S NAME (Type) W	W. Eastman,	M.D.		Universi	ty Blud E. S	Silver Sp.	ing Md
		REMOVAL (Specify)	DATE 12/14/1968	Calvo	EMETERY OR CREMATORY	2	OFATION (City or Town)	(County)	(State)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit pshould be filed with the State Dept. of Health prior to burial, cremating		22d. PHYSICIAN'S Harris M. Kenner M.D.	22e. ADDRESS 54/1 Ce.	der La Betlesdo most med
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OR ATTENDING be retained by the JIRECTOR: After e 3 shauld be ded with the State		saw the deceased alive an accurred an the date and hour a causes stated above, (I) (wa) (did not) view the body after death.	na tram the
OR A DIRECTOR A SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN		James W. Egan DEGREE PHYS.   MED. DIRECTOR   STAFF   12, 25.	68
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TO HOSPITAL Page 4 may be to Funeral page director, page shauld be filled	230	burial, Kennya, 23b. Date 23c. Name of CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County)  Rockville Cemetery Rockville, Montgomer	(Stote)
VR AIS (A)		FUNERAL DIRECTOR  ADDRESSBethesda Md 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
45M - 1X	Ro	obert A. Pumphrey, 7557 Wisconsin Ave. DATE JAN 2 1969 Acharles Jus	ye

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after MARYLAND CNTGOMERY b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HE5D ETHE SUA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES carbon NAME DE Middle DATE Month Day DECEASED (Type or print) DEATH 19 and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min knowledge Months DIVORCED Medical 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA during most of working life, even if retired) **NDUSTRY** COUNTRY2 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or unkown) (If yes give war or dates of service) al CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN John ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO Congestive Heart Disease 3 yrs. Cenditions, If any, which Dr rise to Immediate 감 DUE TO cause (a), stating the Arterio-sclerotic heart disease vears underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT ssion NO by the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) permi 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. at work at work . 1958 to Dec. 21. I certify that (I) (this hospital) attended the deceased from Jan. 19.68, that (I) (we) last saw the deceased alive on 4 December 19 68, and that death occurred at 3 a.M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. rausus DIRECTOR 4 may PHYSICIAN'S NAME (Type) ncis X. 22d. ADDRESS 11412 Veirs Mill Road director, should be Richardson, M.D. Wheaton, Maryland 20902 BURIAL, CREMATION, 23b. DATE THEREOF. 23€. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BEMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR VR A15 (4) 20M 1/65

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5.	/	CERTIFICATE OF DEATH
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funecal funecal	55	(Type or print) Charles A Bennett Nec. 3) 68 45 M
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death rendin mit.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Oval's value of a student of the server of the se
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CIAN: bital or tificate d for u	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Yeor (If either, notify medicol exominer)  21b. TIME OF INJURY HOUR A.M. Month Doy Yeor 19
PHYS ne hasp this cer etache	ME	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certifica je 3 shauld be detached far ed with the State Dept. af He		22a. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) apping death accurred on the date and have and from the
TOR:	3	tabses stated above, (1) (and (are not) view the bady differ death.
OR A be retained by the bereit burker a sign of the burker burker a sign of the burker		22b. SIGNATURE    STAFF   22c. DATE SIGNED   22c. D
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attendin TO FUNERAL DIRECTOR: After this certificate has bee directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar I	1	22d. PHYSICIAN'S ROBERT NCOALE 220 ADDRESS Bradley Lane Bluy Chair, Ind.
O HOS Page 4 O FUN direct	230	BERIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) (12-6-1968 Lakeview Carnetery Chevenne, Niyomeng
	24.	FUNERAL DIRECTOR ADDRESS TO THE ADDR
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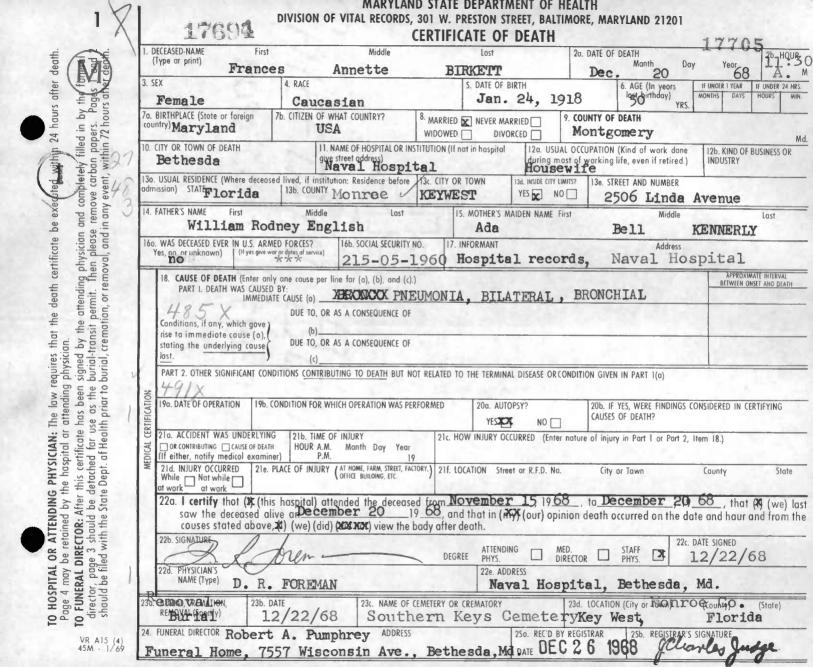
	L-24-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013/5/69	to hosp.
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17703
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Day Year 2b. HOU
ay is 3 to Page	Christine Rennett DEATH MATED 12/2	7 168 6:50
3 de le	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   12-21-68   12-21-	Year 15 R
E e	70. BIRTHPLACE (Stote or foreign country) Virginia 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montromery	
offer deoth 8. Give Roges olong with the with the State leoth.	Delver Spring give street oddress) during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
	13a. USUAL RESIDENCE (Whate deceased tryd), if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER odmission) STATE-17 and 13b. COUNTY-OMERY Silver Springres NO 607 Vierling D	r
24 hours in Item 18 r's Office os 10nd 2 v after d	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
within 24 n pencil in Examiner's File pages 1 72 hours	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
INER: This certificate shauld be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 1 should be forworded to the Chief Medical Examiner's Office files. 3 shauld be used as a burial-transit permit. File pages I and 2 otion, or remayal, and in any event within 72 hours after a	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute hemorrhagic viral pneumonitis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d 'penc Chief M ronsit p	Conditions, if any, which gave rise to immediate cause (a), (b)	
This certificate shauld be ecate, writing the word "per be forworded to the Chief I be used as a buriol-tronsit or remayal, and in any even	stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)	
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his cer ate, wr e forw be user remay	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Fotor nature of injury in Part 1 or Part 2 Item	2D. AUTOPSY? YES NO
INER: This certificate, write certificate, write should be forworfiles. 3 shauld be used notion, or remava	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	n 18.)
	21d. INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)  21f. LOCATION Street at R.F.D. No. Citγ at Town	County State
y pleose al direct retaine	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER    ACTUAL SIGNATURE    M.D. ASSISTANT MEDICAL EXAMINER    22b. DATE SIG	and in my opinia
o DEPUTY necessory, properties from the funeral some be roof Funeral Health price	EXAMINER'S BELDEN R. JEAD M.D. ADDRESSINGER, CITY OF COUNTY) DEC.	27,1968
00 g # ~ 00 g #	Cremation 1-13-69 Washington San & Hospital Takoma Park M	County) (Stote)  Iont. Md.
VR A15ME (5)	J.D. Ruffcorn, 7600 Carroll Ave., Tk Pk, Md. DATE 250. RECUBERRAL SUGAR ADDRESS 250. RECUBERRAL	GNATHRE JEE

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FOR STATE	Fi	Lm G 408 12/31/68 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	17704
HEALTH DEPT.		ECEASED-NAME Frist Middle Middle	Lost 20. DATE KNOWN Month	h Doy Yeor 2b. HOUR
is ta		ype or Print) WILLIAM ABRIGEES	OF ESTI.	C 14 196 9 13 N
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XAMINER: te the certifi ge 4 should your files. age 3 shauld cremation, a	EDIC	CAUSE OF DEATH NOOD P.M. 409 17 196 %	Fell at Home causin Frant	
= 9 2 ± 5 5	>	The state of the s	21f. LOCATION Street or R.F.D. No. City or Town	County Stote
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Se e ctar ctar ned ECT	7	deoth resulted fram: Natural causes, Accident 🔀,	, Suicide , Homicide , Undetermined manne	r 🔲
directain direct		ACTUAL OD IN R. 00	CHIEF MEDICAL EXAMINER	
y, pleas y, pleas rral director se retain (AL DIRE		SIGNATURE Som D. Dall	M.D. ASSISTANT MEDICAL EXAMINER	TE SIGNED
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necessary, p the funeral 5 may be r TO FUNERAL Health prior		NAME (Type)	ADDRESS(Street, city, town, or county)	
5 c ± 2 5 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETE	RY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
9	04	Durial 12/1/68 1 Jon	ocacy Dealsvelle	monty. Md.
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MARYLAND STATE DEPARTMENT OF HEALTH

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2 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		17605 AGNES CERTIFICATE OF DEATH	17706
death.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH  (Appe or print) Catherine Prince Bliss 12. 9	Y Yeor 7:10 P. M
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OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hospital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending a 3 shauld be defached far use as the burial-transit permit. ed with the State Dept. af Health priar ta burial, crematian, or re	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Profits, Principal's Disease Afteria sclerofis  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO SCIENCE OF DEATH?	CONSIDERED IN CERTIFYING
PHYSICIAN: The hospital are the hospital are this certificate betached far us Dept. af Health	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, or contrelluting   cause of ocath (If either, notify medical examiner)   P.M.   19	TEEL TWE
JING PHYSIC by the hospit ffer this certif be detached State Dept. of	W	21d. INJURY OCCURRED While Not while at work	County State
ATTENDING retained by the retrons. After the should be de with the State		220. I certify that (I) (this hospital) attended the deceased from Lugust, 1967, to December 9, 19 sow the deceased above, (I) (we) (did) (did not) view the body after death.	ote and hour ond from the
Page 4 may be retained to FUNERAL DIRECTOR: Ald director, page 3 should should be filed with the S		Stuart leton DEGREE PHYS. ATTENDING MED. DIRECTOR DIRECTOR PHYS. 1/2	2-10-65
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type) STUART. NELSON 22e. ADDRESS CIPLLY. Blod. E. Sular	er Spring MA
TO HC Page TO FU direc	23a.	BURIAL CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL (Specify) LOCA, 12 1968 Mount Clivil Cimiting Walkington	(County) (State)
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		10000	DIVISIO	MAKTLAI N OF VITAL RECORDS		ESTON STREET, BALT		RYLAND 21201		
		14004				TE OF DEATH			17708	
		ECEASED-NAME First (Type ar print) Ch	arles	Middle Edward	Вс	Last ond	2a. DATE OF			2b. HOUR 3: 10M
	3. SE	Male	4. RACE	Colored	5	1/4/71		6. AGE (In years last birthday) 7RS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. I	BIRTHPLACE (State or foreign narry) Maryland		OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF			
9	10. (	Olney		11. NAME OF HOSPITAL OR II give street address) Montgomer	NSTITUTION (If not	in haspital 12a. USU/	AL OCCUPATION	(Kind af wark dane life even if retired)	12b. KIND OF E	USINESS OR
15	13a. adm	USUAL RESIDENCE (Where deceas issian), STATE Maryland	ed lived, if i	nstitutian: Residence befare INTY Ontgomery	Silver	OWN 13d. INSIDE CITY LI	MITS? 13e. ST	REET AND NUMBER		
	14. F	ATHER'S NAME First	Mi	ddle Last	15.	MOTHER'S MAIDEN NAME F		Middle		Last
	1/	Thomas WAS DECEASED EVER IN U.S. ARN	en concern	Bond		Julie		Ann	Sed	gwick
	16a. Y	es, na, ar unknawn) (If yes give w	or or dates of sen	16b. SOCIAL SECURITY 577-44-		ORMANT Medical Re		Address		
	TION	Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	TE CAUSE (0)  DUE TO  (b)  DUE TO  (c)  DITIONS CON	D, OR AS A CONSEQUENCE OF D, OR AS A CONSEQUENCE OF	F NOT RELATED TO 1			N IN PART 1(a) YES, WERE FINDINGS CO	JO JO	days
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	V	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ITION Street ar R.F.D. Na.	City	ar Tawn	Caunty	State
should be filed with the State Dept. of Health prior to burial, cremation, or removal,		22a. I certify that (I) (thi	s haspital ive an , (I) ( <del>we)</del>	Ottended the decease (did) (did nat) view the	bady after de	ath.	nian death o	22c. D	ATE SIGNED ,	(I) (we) last nd fram the
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0		BURIAL, CREMATION, 23b. E	- 23 -	-68 ASH ADDRESS	Memo	EMATORY	SAN	N (City or Town)  OX SPRIM  2Sb. REGISTRAR'S S	(County)	(State) G. Md.
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1	ŀ	17698	DIVISION OF VITAL RECORDS,	CERTIFICATE O		KE, MARYLAND 21201	17709	
death.		ECEASED-NAME First Type or print)  DAUCA	Middle	Lost Bo	eAck 20	. DATE OF DEATH  Month De		2b. HOUR
fund 1 cer d	3. 5	EX	4. RACE	S. DATE O		6 AGF (In years		NDER 24 HRS,
urs after deatly the funeral Poges 1 ond urs offer deatl	1	NAIE	CAUCASIAN	1 8	/14/23	last birthday) YRS.	MONTHS DAYS HOL	IRS MIN
within 72 hours after death	7o.	ntry) BALIIMUKE	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED THEVER	MARRIED 9. CO	UNTY OF DEATH		
hin 24 ho filled in n gaper. ithin 72 h		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		VORCED 120. USUAL OC	Montgomera CUPATION (Kind of work done	12b. KIND OF BUSIN	Md.
with bon with	L	SilvER Spr.	give street address) Cro	us Hospiti	during most of	working life, even if retired.)		KING.
e executed with and campletely femove carbon nony event, with	13a	USUAL RESIDENCE (Where deceased ission) STATE MARYLAND	lived, if institution: Residence before	3. CITY OR YOWN	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER	Branch	4
d cc	14.	FATHER'S NAME First	Middle Lost		MAIDEN NAME First	Middle	L	ost
be ex and e rem		HARRY	BORACK		BELLE		BOOKBIN	
ertificate be physicion a nen pleose	160	. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	MANITA BOR	Address PACK. 9312 PIN	ILVER SPRI EY BRANCH	NG MD
PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death the hospital or attending physician. His certificate has been signed by the attending physicion and campletely filled in by the funeral stached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death			one couse per line for (o), (b), ond (c).		Repotion		APPROXIMATE II BETWEEN ONSET A	NTERVAL ND/DEATH
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v requing phing phisen signifie but	N.	4201	TIONS CONTRIBUTING TO DEATH BUT N		INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
: The low ratending to that been use as the alth prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. A YES	UTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING
CIAN: ital or ificote for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M.		OCCURRED (Enter natu	re of injury in Port 1 or Port 2,	Item 18.)	
DING PHYSICIAN: I by the hospital or After this certificate be detached for us State Dept. of Healt	MED		ACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCATION S	treet or R.F.D. No.	City or Town	County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be exec Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 should be detached for use as the buriol-transit permit. Then please remois should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any		22a. I certify that (1) (this saw the deceased aliv	haspital) attended the decease	9 65, and that in	2, 1968 (my) (aur) apinian	ta	that (I) ate and hour ond	(we) last from the
ATTE etain CTOR shou		226. SIGNATURE	(I) (we) (did) (did nat) view the			22c.	DATE SIGNED	
be r be r be ge 3		Buna M.	Bendlan My	DEGREE PHYS		OR PHYS.	2 3 6 8	
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)			OLY CROSS H	HOSPITAL, SILV	ER SPRING	
Poge 4 FUN directs	230	BURIAL, CREMATION, REMOVAL (Specify) 12-4		CEMETERY OR CREMATOR		LOCATION (City or Town)	, ,,	tate)
E E	24.	FUNERAL DIRECTOR	ADDRESS	VEREIN	2Sa REC'D BY REG	DSEDALE, MARYL		
30M REV. V68	50	L LEVINSON & BRO	S.,6010 REISTERS	TOWN ROAD	DATE DAY REG	1968 256. REGISTRAR	les Judge	

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12 1		MARYLAND STATE DEPARTMENT OF HEALTH	
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17710
HEALTH DEPT.		Type or Print)	Day Yeor 2b. HOUR
oy is 3 to Poge and of the of	-	Maybel - Mc Boyles DEATH MATED & DEC	21-68 PM
deloy and 3 W3. Po	3. S	4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 year) 2c. DATE PRONOUNCED DEAD	2d. HOUR
and and will will will will will will will wil		Fe. W- Nov. 26, 1907 61; YRS. Months Dec. Day 26	Year 1968 12 DM
Pool P		BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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death e Pages 1, fwith farm	10. 0	ITY OP TOWN OF DEATH	2b. KIND OF BUSINESS OR
after death any 8. G. e Pages 1, 2, of the Pages 1, of the State Department of the State Depa		Bethesde give street oddress)  Sylvat Residence before 13c. CITY OR TOWN  13d INSIDE CITY LIMITS?  13e. STREET AND NUMBER	NDUSTRY
urs after 18. Gr ice offeng d 2 with the d d auth.	13a.	HISHAL PESIDENCE (Where deceased lived if institution, Pasidence hefore 13c CITY OR TOWN 113d, INSIDE CITY LIMITS? 113e STREET AND NIIMRED	
dee de	0	dmission) STATE Med. 13b. COUNTY Montgomery Betherda YES 10 NO 1 5807 Abere	010.en 196
	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 h in It r's O r's O	1	MOXMILLIAN Sollinger Etizobeth DEIBO WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT HUSBAND ADDRESS	OLD
thin 24 hours			#
within pencil xomine ile paga	(1	(es, no, or unknown) (If yes give wor or dates of service) unknown. ROBERT BOXLES SAME A	S ITEM 13.
shauld be executed wire word "pending" in pe the Chief Medical Exorutiol-transit permit. File in ony event within 72		1B. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e execute pending" ef Medicol nsit permit	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sufferation	5 min -
Me Me	3	75 9 V DUE TO OR AS A CONSEQUENCE OF	
be ief		conditions, if ony, which gove rise to immediate cause (a).  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ord ord ord Ch ord 		rise to immediate cause (a).  Stolling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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This certificate shauld be executed within icate, writing the word "pending" in pencil be farworded to the Chief Medical Exomine is be used as o buriol-transit permit. File pagar removol, and in ony event within 72 hou		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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writ writ rwo sed	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
rem	CERTIFICATION	WAS PERFORMED?	YES NO X
INER: This certificate shauld be executed within 24 ho be certificate, writing the word "pending" in pencil in Itel should be farworded to the Chief Medical Exominer's Offiles. 3 should be used as o burial-transit permit. File pages langian, ar removal, and in any event within 72 hours often	E	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
INER: e cert should files. 3 shou	MEDICAL	PRIMARY OR CONTRIBUTING   HOUR A.M. Dec 21 1968 Tied. Plaster long on head -	
AIN he sh 3 s fill	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AI home, form, street, 21f. LOCATION Street or R.F.D. No.	County State
XAI te t ge 4 yau yau cre		WHILE INOT WHILE X TOORK AT WORK AT WO	lottganery Md.
TY SICAL EXAMINER: This certificate y, please execute the certificate, writing the real director. Page 4 should be farworded to be retained for yaur files.  **AL DIRECTOR: Page 3 should be used as o be prior to buriol, crematian, ar removol, and		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔲, Inspectian 🕱 Inquiry 🔯,	and in my apinian
ICA e e e e e e e e e e e e e e e e e e e		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined manner 🕻	
Sire eds tain tain to		CHIEF MEDICAL EXAMINER	
oll		ACTUAL SIGNATURE Of B. Bell M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	IGNED
Sory Sory		EVAMINER'S DEPUTY MEDICAL EXAMINER 🔀	26,1968.
necessory, please execute the the funeral director. Page 4 5 may be retained for yaur of FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type)  JOHN G. BALL  ADDRESS(Street, city, town, or county) Bethesd	a, Md.
01 = + 20 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	
		Burial 12-30-68 St. Augustine's Cem. Pittsburgh,	Penna.
VID ADENIE IF		FUNERAL DIRECTOR  ROBERT A. PUMPHREY. Bethesda. Maryland DATEJAN 2. 1969 FCHICAGO	GNATUR
VR A15ME (5) 10M REV. 1/68	L	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 2 1969 floor	10

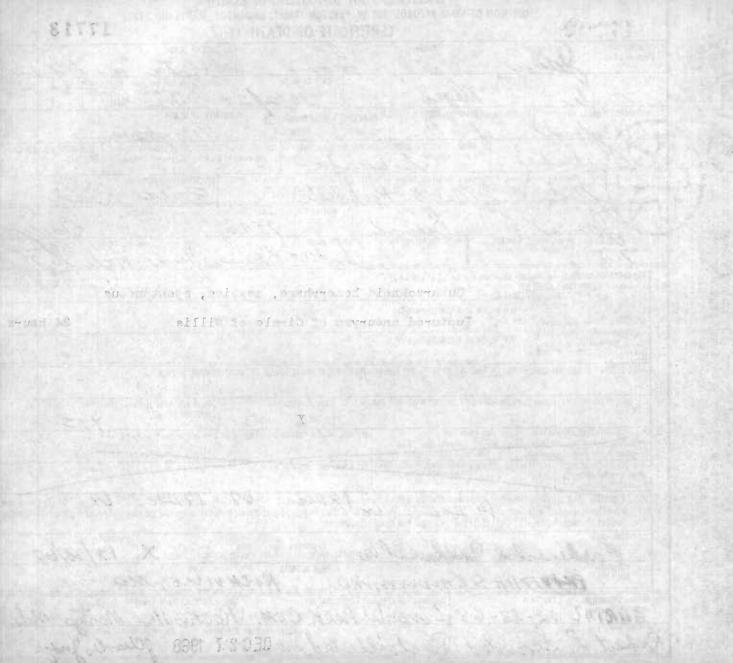
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		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17712
HEALTH DEPT.	1. D	SCEASED NAME Cost   Sold   Sol
delay and 3 M3. Pa	3. 5	
any farm P. fe De Joy	7o. l	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Try)
after death.  8. Give Pages along with far with the State leath.	1D. C	TV OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eye of tretired.) INDUSTRY  12. USUAL OCCUPATION (Kind of work done like business or during most of working life, eye of tretired.) INDUSTRY
alang alang with the	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. STREET AND NUMBER   13d. STREET AND NUMBER   13d. STREET AND NUMBER   15d.   15d.   16d.   13d.
hours Office Tand 2	14. F.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Anna Dittmer
within 24 pepel in xominer's xominer's 72 häurs		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Brand 18. ADDRESS Same as Item 13.
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
M P t		HMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )
auf he he an		rise to immediote couse (o), but to over the underlying couse lost.  (b) Helle Leuxer Heart States of the underlying couse lost.
s a and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
e, writh farwar farwar e used emava	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  2D. AUTOPSY?  YES \( \subseteq \text{ NO (C)} \)
iffica d be d be	MEDICAL CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
AMINER: e the cert e 4 shaul aur files. age 3 shau	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town County Stote
AL EX execut r. Pag far y far y OR: Po		22a. I certify that I toak charge af the remains described above, held an Autapsy, Inspection Inquiry and in my opinio
please e directained retained ar ta bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
o DEPUTY necessary, ple the funeral d S may be ret D FUNERAL D Health priar	1	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED  EXAMINER'S  NAME (Type)  AD ADDRESS SAME TO DAY TO COUNTY)  AD ADDRESS SAME TO DAY TO COUNTY)
o DEP necessor the fun 5 may 0 FUNE Health	23o.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
		Cremation 12/24/68 Cedar Hill Crematory Suitland, Pr. Geo. Md.
_	24.	FUNERAL DIRECTOR 7557 WADDESCONS IN AVE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15ME (5)	R	OBERT A. PUMPHREY, Bethesda, Maryland DAIL AN 1 1969 Actionly Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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n 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
9)	CERTIFICATE OF DEATH 17714	
death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Dorothy Mary Louise Brownyard Dec. Por 1968	D. HOUR
rs offer	Genale White April 10, 1912 lost birthday) MONTHS DAYS HOUR	DER 24 HRS.
d h b y y y y y y y y y y y y y y y y y y	B. BIRTHPLACE (State or foreign penna.  7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED Montgomery	Md.
Within the second	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	
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physician physician pen please poval, and i	Sa. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, arynknown) (If yes give war or dates of service) Yes, na, arynknown) (If yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service) Yes (In yes give war or dates of service)	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  IRECTOR: After this certificate has been signed by the attending physician and cample e 3 shauld be detached for use as the burial-transit permit. Then please remave can see with the State Dept. of Health priar to burial, cremation, ar removal, and in any event	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  rise to immediate cause (a).  (b)  (b)  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f	RVAL DEATH
equires the physician. signed by burial-tran burial-tran	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	ч_
law requanding plants been signed by the business the bus	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYI	NG.
pital ar attending rifficate has been d for use as the	YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
rsician aspital certifica hed for	CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   Contribution   P.M.   19	Stote
by the har wfter this ca be detach State Dept	While Not while OFFICE BUILDING, ETC.	
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AL OR AT OF The Property of th	22b. SIGNATURE  ATTENDING  MED.  STAFF  PHYS.  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED	THE STATE OF THE S
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to	22d. DHYSTCIAN'S NAME (Type) John S. Rogers, M.D. 22e. ADDRESS 919502 2012 2014 R. S. NAME (Type) John S. Rogers, M.D.	٦٠,
TO HC Page TO FUI direc shau	a. BURIAL, CREMATION, REMOVAL (Specify) 12-20-1968 Baltimore National Cem. Baltimore, Maryband	re)
VR A15 415	Warner E. Pumphrey, Inc. 8434 Georgia Avenue DALEC ? 3 25b. REGISTRAR'S SIGNATURE	

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2	1		17704	DIVISION OF VITAL RECORDS,	D STATE DEPARTMEN 301 W. PRESTON STREI CERTIFICATE OF D	ET, BALTIMORE,		7715
	death.		DECEASED-NAME First (Type or print) Jean	Middle	Buell lost	2o. DA1	TE OF DEATH	1968 or 7 43 M
	the fu	3.	Female .	4. RACE White	S. DATE OF BIRTH	11, 1928	6. AGE (In years last birthday)	IF UNDER ? YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0	24 hours after death dip by the funeral pers. Pages, I and 27 hours after death		BIRTHPLACE (Stote or foreign untry) France	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIE WIDOWED DIVORCEI		Y OF DEATH Montgomery	Md
	within San pale ban pale within	0	City or town of DEATH Chevy Chase	11. NAME OF HOSPITAL OR INS give street address) 106 Quincy	St.	120. USUAL OCCUPA	TION (Kind of wark dane king life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	amplet ave car	5 odr	i. USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before 13b. COUNTY ntgomery			e. STREET AND NUMBER LOG Quincy S	t.
	certificate be executed within g physician and campletely fills hen please remave carban po noval, and in any event, within	14.	FATHER'S NAME First  Joseph	Middle Lost C. Baldwin	15. MOTHER'S MAIDE		Middle Guillon-Verne	Lost
	tificate hysicia n pleas val, an	16	o. WAS DECEASED EVER IN U.S. AR. Yes, no. Nunknown) (If yes give	MED FORCES? war or dates of service)  578-42-913	10. 17. INFORMANT	ale G. K	Scella (	-HUSBAND
	tha the attending by the attending transit permit. I crematian, ar rer		PART I. DEATH WAS CAUSE IMMEDI  / 83 O  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	TN (ARC	ISEASE OF CONDITION	CIVEN IN DART I/A)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	G PHYSICIAN the haspital a this certificat detached for	MEDICAL C	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami 21d. INJURY OCCURRED 21e.	TH HOUR A.M. Month Doy Year		RED (Enter noture of r R.F.D. No.	injury in Port 1 or Port 2, I City or Town	County State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital ar attending physici TO FUNERAL DIRECTOR: After this certificate has been signed directar, page 3 shauld be detached far use as the burial-shauld be filed with the State Dept. af Health priar ta burial,	92	While Not while of work at work  22a. I certify that (I) (the saw the deceased a causes stated above 22b. SIGNATURE  22d. PHYSKIAN'S NAME (Type)	is haspital) attended the decease live an 13/13 1e, (I) (we) (did) (did nat) view the background of the second of	d from 12 12  A and that in (my) (  pady after death.  ATTENDING PHYS.  22e. ADDRES!	(our) opinian dea	th accurred on the da	te and haur and fram the
	Page direct share	3		ec. 16,1968 Cedar	EMETERY OR CREMATORY Hill Crematory	r Su		(County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH First 2b. HOUR Pa (Type or print) December Bulger Mary Teresa 3. SEX 4. RACE S. DATE OF BIRTH IE UNDER I YEAR IF UNOER 24 HRS. 6. AGE (In years last birthday) HOURS Female White 21 April 1920 within 24 haurs 7g. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) WIDOWED [7] DIVORCED [ New York USA Montgomery THE IM 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Clothing give street address)
The Clinical Center, NIH during most of working life, even if retired.) and campletely Bethesda burial, crematian, or remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admissian) STATE New York 13h COUNTY Little Falls YES 217 Flint Avenue 14. FATHER'S NAME First Middle Middle Last 15. MOTHER'S MAIDEN NAME First Restante John Teresa Durrn physician ( 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, ar unknown) Unavailable The Clinical Center, NIH, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) . 1 week Pneumonia 2029 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p 8 months Lymphoma rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause S.jogren's syndrome 12 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta I PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES X NO 🗔 TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that N (this haspital) attended the deceased from Dec. 17, 1968, ta 23 Dec., 1968, that (N (we) last saw the deceased glive an December 23 1968, and that in 1902 (aur) opinion death accurred an the date and haur and from the causes stated abave, 10 (we) (did) (Mid Nov view the bady after death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. X 24 December 1968 DEGREE PHYSICIAN'S 22e. ADDRESS The Clinical Center, National 22d. NAME (Type) Henry B. Kaltreider, M.D. Institutes of Health, Bethesda, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE (County) TREMAYALISperify) 12-25-1968 Little Falls, New York 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR
Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 25g. REC'D BY REGISTRAR VR A15 (4) DATE DEC 3 0 Migrey Indas 1968 30M REV, 1/68 Wash. D.C. 20016

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		MARTLAND STATE DEPARTMENT OF HEALTH	
	_	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17717	
4		CERTIFICATE OF DEATH	
	÷ -2+	DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2	2b. HOUR
	r death.	(Type or print)  CLIFFTON  Ranth Day Year	230 N
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	a Lund	1. FATHER'S NAME First, Middle Lost, 15. MOTHER'S MAIDEN NAME First Middle Lo	ct.
	5 5 5		31
	e death certificate b attending physician bermit. Then please an, ar remaval, and i	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address /	
	fica ysic ple ple	Yes, ng. gr unknown) (If yes give war or dates of service)	
	ph ph av	no no. 213-40-8034 D'usil surdette.	
	h c	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	TERVAL ND DEATH
	end end mit.	IMMEDIATE CAUSE (a) Pronchomeumona (Klebsilla-Merbecker) 3 cm	ooles
	att an,	433 9 DUE TO, OR AS A CONSEQUENCE, OF	
	the the sit p	Canditions, if any, which gove) (b) Cerebral Infarcts old Insecut Weeks &	years
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	AN: The law requires that the death certificate be executed within 24 haurs after death all or attending physician. First has been signed by the attending physician and completely filled in by the funeral far use as the burial-transit permit. Then please (emaye carbon papers Peres and Health priar to burial, cremation, ar remaval, and in any event, within 72 hour after death	lost. (c) (Crellial arthrisclerors	
90	origin urice	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	ING by t ter ter ter tate	22a.   certify that (1) (this haspital) attended the deceased from Piece 1, 1968, to 1968, 20, 1968, that (1) (1)	wal-last
	A P A P A P A P A P A P A P A P A P A P	saw the deceased alive an 1966, and that in (my) (our) opinion death accurred an the date and hour and	fram the
	OR Sulfa	causes stated abave, (1) (we) (did nat) view the bady after death.	
	ECT Per Shirt Shir	226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
	be 3	Joseph a Jones DEGREE PHYS. DIRECTOR DIRECTOR DIPHYS. 12/21/60	8
	AL ON FEEL ON	22d. PHYSICIAN'S	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre.	NAME (Type) Joseph A. Romee MD 8218Wisc. Ave. Bethesda, Md.	,
	Je Z	DIDLY COUNTRY ON DATE	ate)
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	(1)	I. FUNERAL DIRECTOR 1331 ADDRES OCKVILLE PILCE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
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HEALTH DEPT.		DECEASED-NAME  Street Middle  Lost  20. DATE KNOWN Month Do	
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ay dele 2, and PM3. I	7.	M C. HEN27-1933 35 YRS.   MOTE AND STATE OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	1968 8 7M
e De De	ra.	BIRTHPLACE (State or foreign & CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MININGERY.)	Md
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within 24 rependl in Examiner's File pages 1 72 hours	160.	WAS DECEASED EVER IN U.S. ABORED FORCES?  (es, no, or uninform)  (if yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. INFORMANT  18. INFORMANT  18. INFORMANT  19. INFORMANT  19. INFORMANT  19. INFORMANT  19. INFORMANT  10. INFORMA	Muncoster
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rould be executed word "pending" in the Chief Medical Exitor tiol-tronsit permit. Find only event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Products Pulmonary edema, Acute	2 hrs. ?
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verifice T certifice hould by lies. should tion, or	MEDICAL	CAUSE OF DEATH P.M. 19 TOOK OVERDOSE OI SOME drugs	
XAMII te the ge 4 s your f 'oge 3 cremo	W	21d. INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)  Home  21f. LOCATION Street or R.F.D. No. (ity or Town 100 E.)  10 E. Diamond Ave. Gaithersburg	Montg. Md.
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inectol orined IRECT to bu		death resulted fram: Natural causes, Accident, Suicide 🔀, Hamicide, Undetermined manner	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17720 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) OF ESTIny delay is 2, and 3 ta PM3. Page 19 6 DEATH MATED 4. RACE AGE (in years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR Unknown 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED 9. COUNTY OF DEATH s Office olang with farm country) WIDOWED DIVORCED Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR be executed within 24 haurs after death during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Mont 96 mers Pellard. Rd odmission) STATE YES F pencil manem 1 l and 2 after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unknown pages haurs Unknown 4 should be farwarded to the Chief Medical Examiner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND DEATH Hemorrhage Cerebral. PART 1. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (a) any event DUE TO, OR AS A CONSEQUENCE OF Cardio Vascular Disease burial-transit Conditions, if ony, which gove rise ta immediate cause (a) This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Generalized. Arterio Sclerosis. .5 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D go ar remaval, CERTIFICATION 20. AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate, YES X 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na City or Town County Stote factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK please execute 22a. I certify that I took charge of the remains described above, held an Autopsy KI, Inspection ( Inquiry X and in my opinion director. Natural causes death resulted from: Accident . Suicide Hamicide Undetermined monner Heolth priar ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE necessary, Pec-28, 1968 DEPUTY MEDICAL EXAMINER /pm **EXAMINER'S** John G. Ball ADDRESS(Street, city, town, or county) NAME (Type) 50 23a. BURIAL, CRANATIONAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 1-6-69 Parklawn Rockville Montgomery Md. Robert A. Pumphre PORESS 25g. REC'D BY REGISTRAR 1969 7557-Wisconsin Ave., Bethesda, Md. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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PIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Manth Year 2b. HOU (Type ar Print) ESTI-DEATH MATED 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S. DATE OF BIRTH OAYS HOURS Manth Year 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT MARRIED NEVER MARRIED 9. COUNTY OF DEATH De ne certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office olang with farm NON WIDOWED [ DIVORCED [ 90117 Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) INDUSTRY give street address) death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MONTACHIE admission) STATE YES NO and 2 after 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Middle haurs pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: men. DOXIZ IMMEDIATE CAUSE (a)\_\_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit eathing in Plastic Bog 5/17/11 Conditions, if any, which gave rise to immediate cause (a). certificate should any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remayal, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES DE NO 🗔 Б 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town Caunty State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Rockville Montgany 14 Page burial, 22a. I certify that I toak charge af the remains described above, held an Autapsy [X] Inspection X Inquiry X and in my opinian director. Accident X death resulted fram: Natural couses Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, ar caunty) NAME (Type) the 0 23g. BURIAL CREMATION 23b. DATE 23d. LOCATION (City/os-Tawn) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR Ernes rtner **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR thersburg. Md. 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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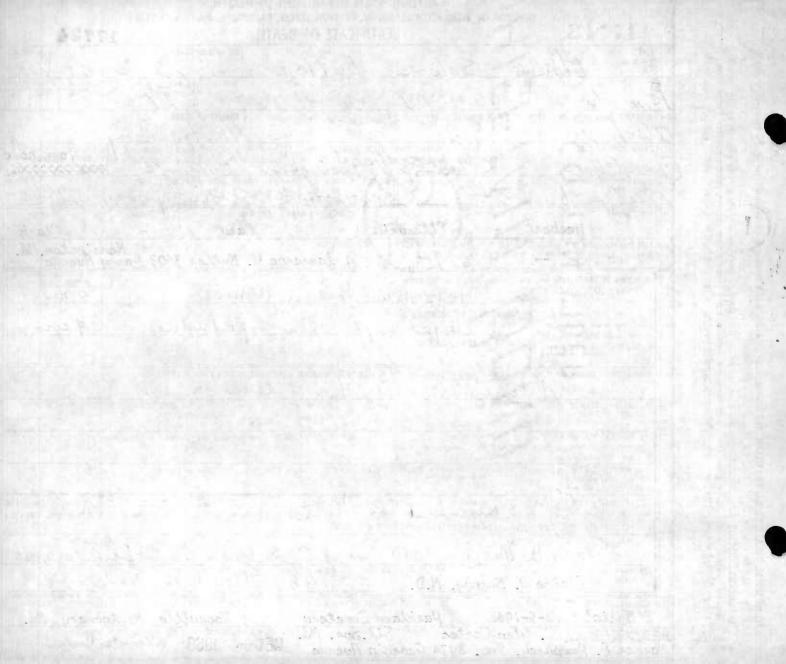
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND 24) hours after CITY OR JOWN (If autside to porate limits, write PORAL and give noticest tawn) LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest fawn) e. IS RESIDENCE ON A FARM? d. STREET\_ADDRESS INSTITUTION (If rat in haspital, give street address) popers. physician and completely fitted YES NO within The low requires that the death certificate be executed within 3. NAME OF Middle 4. DATE First Last remove corban DECEASED uTKer Type or print) DEATH 9. AGE (In years birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6/COLOR/OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED 11. BIRTHPTACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast of working life even if retired) INDUSTRY 13. FATHER'S NAME 142 MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates af service) 7-2074 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use Heolth NO YES 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory-street, affice bldg., etc.) Not While be retoined by 21. I certify that (I) (this hospital) attended the deceased fram. M, from causes and on the date stoted above. , and that death occurred at 3 sow the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR orvall M.D. director, poge 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S 030 Carred NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, 23b. DATE THEREOF 23d / LOCATION: (City or Town) (County) (Stote) REMOVAL (Specify) sould 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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an second	160	a. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, of upknown) (If yes give war ar dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address Kensi	inaton Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be estained by the hospital or attending physician.  JIRECTOR: After this certificate has been signed by the offending physician and completely filled in e. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 has been with the state Dept.		Yes, no, or upknown) (If yes give war or dates of service) 57 9-27-7821-A Lawrence 9. Butler 3603 Perry A	lvenue
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transpound be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial.		NAME (Type) Elaine W. Murphy, M.D. 4812 Ellicott 81. NW	
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  17725	
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AL D		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
		EXAMINER'S DEPUTY MEDICAL EXAMINER DEC-10, 1968	
FUNE Health	00	NAME (Type)  ADDRESS(Street, city, town, or caunty)	
~ P ±	230	BURIAL (REMATION, PEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Cremation 12-11-1968 Cedar Hill Crematory Suitland, Prince Georges Co	
	24.	FINARAI DIRECTOR ADDRESS TO PECTORAR TO SECURIARIES	5., mc
5ME (5)		Joseph Gawler's Sons, Inc., 5130 Wisc. Ave.  N. Wash. D.C. 20016  DATE DEC 19 1968 Clearly Judge	2
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	MARTLAND STATE DEPARTMENT OF HEALTH
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Aftr Aftr Best	220. I certify that (I) (this hospital) ottended the deceased from May, 1944, to Dee, 1944, that (I) (we) lost sow the deceased olive on 3 Dee 1944, and that in (my) (our) opinion death occurred on the date and hour and from the
DR: ine oulcould the	couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.
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OR be r	Cupere V Live DEGREE ATTENDING DIRECTOR DIRECTOR DIPHYS. D 4 Dire 1948
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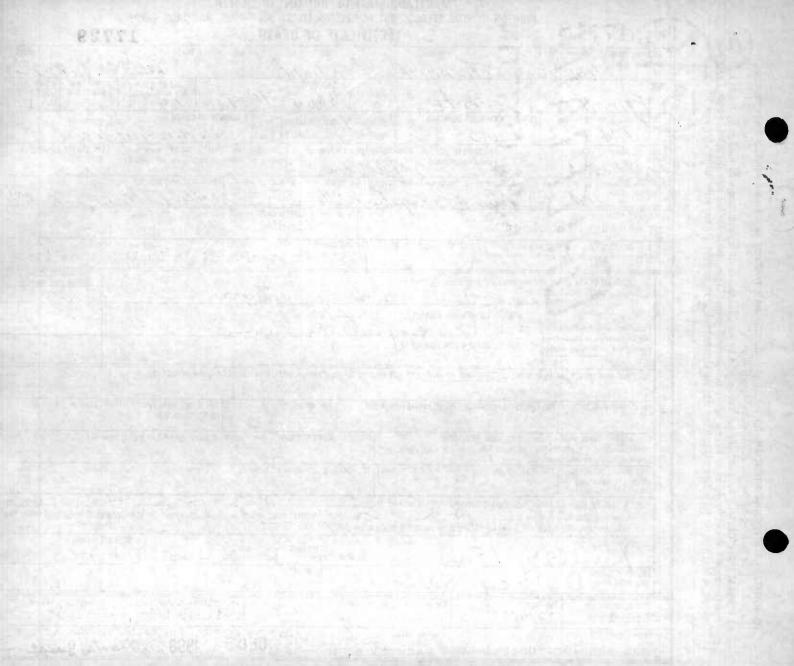
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	1/-	Patrick Me		AL SECURITY NO. 17. INF	hary Call	Address	- Nd.
	10a.	WAS DECEASED EVER IN U.S es, no. or unknown) (If ye	s give war or dates af service)			9326 Limeston	
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	П	22a. I certify that (1	) (this haspital) attended th	ne deceased from		y, to 2-23, 19	6 X, that (I) (we) last
		saw the decease	ed alive on 12-23 bove, (I) (we) (did) (did not)	yiow the hady ofter de	that in (my) (our) opi	nion deoth occurred on the de	ote and hour and from the
		22b. SIGNATURE	sove, (i) (we) (did) (did flot)	View the budy offer de	,uin.	22c.	DATE SIGNED
		Tedri	Mual	us Morgres	ATTENDING NO D	NED. STAFF	2/23/68
		22d. PHYSICIAN'S	Do I ALLT	INC IN	22e. ADDRESS /	-t 01 b	11-1-100
		NAME (Type) PED	RO IIMAII	45 Mi.D.	47/2/102	uganery P1, B.	ellsville ma
	23a.	BURIAL, CREMATION,		c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
	Bı	REMOVAL (Specify)	12-27-1968 M	it. Olivet			D.C.
H		FUNERAL DIRECTOR	ma 300 Ath St	ADDRESS	D C 2Sa. REC'D B		SIGNATURE
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4	1			17717	DIVISION O	F VITAL RECORDS,	301 W. F				YLAND 21201	177	28
	death.			CEASED-NAME First (ype ar print) Frank	13rano	Middle		last lvisi		2a. DATE OF	DEATH .68 <sup>Manth</sup> Da		25. HOUR
	executed within 24 hours after death.  Id completely filled in by the funeral smove carbon papers. Pages 1 and 2 any event, within 72 hours after death.		3. SE	x & Male	4. RACE	White	Á	S. DATE OF BI			6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	24 hours of jin by the pers. Page 72 hours		caur	ity) Italy	7b. CITIZEN OF W U.S.A		WIDOWED		RCED 9. 0	COUNTY OF Montg			Md.
	ecuted within 24 completely filled ove carbon paper	71	Ta	ity or town of death koma Park	give		ian & 1	Hosp.	12a. USUAL C	occupation of warking l	(Kind af wark dane life, even if retired.)	12b. KIND O INDUSTRY Keta	OF BUSINESS OR
	executed nd complet emove car	15	13a. admi	USUAL RESIDENCE (Where decease ssian) STATE			13c. CITY O	Spr.	13d. INSIDE CITY LIMITS:	100. 311	Wolf Dr.		
	E - E	-		ATHER'S NAME First  Pominic	Middle	Last			AIDEN NAME First Rubin	a		kno wnyka	POOPPOOR
			16a. Y	NO /	or dates of service)	16b. SOCIAL SECURITY 578-26-99	45 8	INFORMANT Milia (	Calvisi	510 W	olf Drive.		pr. Md.
8	equires that the death certific physician. signed by the ottending physician. buriol-transit permit. Then puriol, cremation, or removal,		9	1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT	ane cause per l BY: E CAUSE (a)	line far (a), (b) and (c)	ano	es o	Thron	No.	is	BETWEEN	diset and death
Bry	the off			Canditians, if any, which gave rise to immediate cause (a),	(b)	AS A CONSEQUENCE OF		Certu	ndise	u_		10	ga
9.	equires that the physician. signed by the burial-transit burial, cremat			stating the underlying cause last.	(c)	AS A CONSEQUENCE OF	reck	Posis				10	in
Q			NOI	PART 2. OTHER SIGNIFICANT CONE  4201  19a. DATE OF OPERATION 119b. CO	3.7								
10	AN: The law requires that or ottending physician icote has been signed by for use as the buriol-tro Health prior to buriol, cre	2	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PE		YES T	NO 🔀	CAUSES	YES, WERE FINDINGS OF DEATH?		CERTIFYING
ned	PHYSICIAN: The law requires that the death e hospital or ottending physician. his certificate has been signed by the ottendin stoched for use as the buriol-transit permit. Dept. of Health prior to buriol, cremation, or re		MEDICAL (	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Manth Day Year	9				y in Part 1 ar Part 2,		6-1
hea				While Nat while at wark		OFFICE BUILDING, ETC.		UCATION Stree	T OF K.F.D. NO.	City :	ar Tawn	Caunty	State
0	= - 4 - 4			22a. I certify that (I) (this saw the deceased ali causes stated above	a aa	2//6	96 an	d that in (my death.	y) (eur) apinio	n death a	ccurred an the de	ate and have	r and fram the
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	TO HOSPI Page 4 n TO FUNER director,		B	BURIAL, CREMATION, 23b. D. REMOVAL (Specify) 12-1 FUNERAL DIRECTOR (1)	H-1968	23c. NAME OF	of He	eaven Ce	emetery	Sil.	N (City or Town)		(State) Md.
	VR A15 30M REV.	18	W	arner E. Pumphr	ey, Inc	. 8434 <b>Gov</b>		r. Md. via Ave.	DATE DEC	1 6 19	25b. REGISTRAR'S	signature	edae

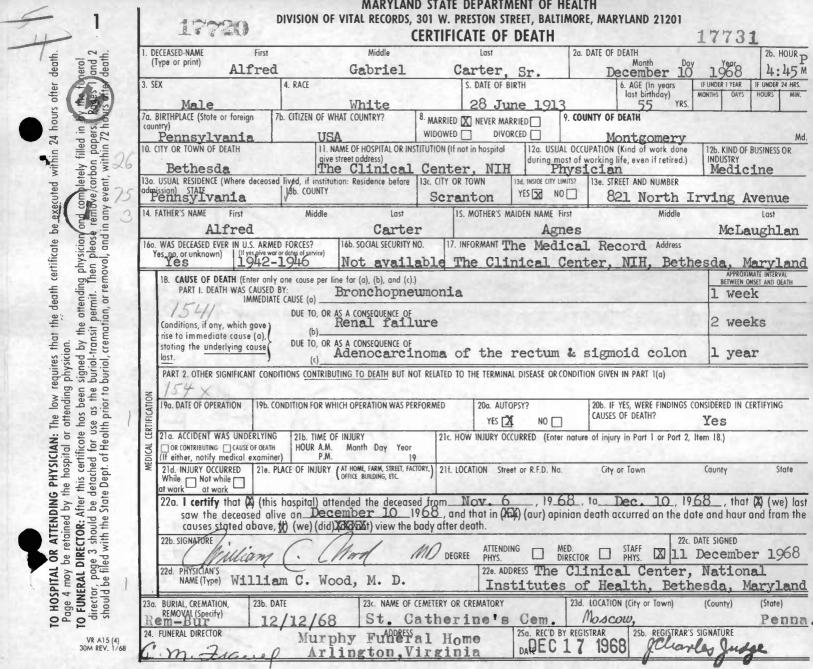
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جا	W.E.			CEASED-NAME First		Middle	Sec. 17	Last	2a. [	DATE OF DEATH			2b. HOUR
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P	land a		3. SEX		4. RACE	HUEIN	IS D	ATE OF BIRTH		6. AGE (In y	enrs	IF UNDER 1 YEAR	IF UNDER 24 HRS.
s offe	oges rs aft			Female.	wh.	te.	9	An 6, 1	1909	lost birthdo	yRS.	MONTHS DAYS	HOURS MIN.
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within 24 hours after death	y filled on population within	70	10. CI	TY OR TOWN OF DEATH	11. NAME Of give street of		TITUTION (If not in		JSUAL OCCU	PATION (Kindof wor varking life, even if r	rk dane	126. KIND OF E	SUSINESS OR
	orbo		130	USUAL RESIDENCE (Where deceased	lived if institutions D	acidance before	13c, CITY OR TOW	N 13d, INSIDE C	COTIMIL VII	13e. STREET AND NUM	MDED		
executed	omplo ove co	5	odmis	ision) STATE md.	13b. COUNTY	omt Ry	Rockin	1/2 YES	NO 🗀	14004	TAK	Quila	6 RD
be exe	ond c e remo in ony	1	14. F.	ATHER'S NAME First Nick Nibhol	Middle D Lson	Last	IS. MO	THER'S MAIDEN NAM Minnie		N	Aiddle		lost
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cert	hen			18. CAUSE OF DEATH (Enter only	one cours per line for	(a) (b) and (d)	.n					APPROXIM	ATE INTERVAL
£	attending permit. The ion, or remo			PART I. DEATH WAS CAUSED	BY:	(0), (4), Orio (1)	ullingar	ser odl	2.118				SET AND DEATH
qeo	rmi r, or			4/29 IMMEDIATE	E CAUSE (o)	uce po	were	vy sex	ma			X/10	our
je je	pe d			Canditions, if ony, which gove	DUE TO, OR AS A C	ONSEQUENCE OF	010	10 10-					
ŧ .	the man			rise to immediate couse (o),	(b) CO	voyeur	1 over	opere	DIS		-		
t in	tra cre			stoting the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF							
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red r	siç bu			PART 2. OTHER SIGNIFICANT COND	IIION2 CONTRIBUTING	IO DEATH BUT NO	I KELATED TO THE	TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART I(a	)		
ding	the tr		No.	4201	AND THE WATER OF	TRATION WAS DED	ropus I.	ALIZA DELLA		LOOL IS VES WERE SI	HEIMOS C	ONCIDEDED IN CE	PETERMINA
e lo	os prio	V	CERTIFICATION	190. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OF	PERATION WAS PER	REFORMED	20a. AUTOPSY?	_ 3	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CO	ONSIDERED IN CE	RIIFYING
E to	use Ith	^	E.										
AN.	or Heo			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		RY nth Day Yeor	21c. HOW II	WURY OCCURRED (	Enter noture	of injury in Part 1 or	r Port 2, I	Item 18.)	
Die G	of of		MEDICAL	(If either, notify medical examine	r) P.M.	19							
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or ottending physician.	<b>2 FUNERAL DIRECTOR:</b> After this certify director, page 3 shauld be detoched ishould be filed with the State Dept. of	×		21d. INJURY OCCURRED While Nat while of work	LACE OF INJURY ( AT HO OFFICE	ME, FARM, STREET, FACT BUILDING, ETC.	(GRY.) 21f. LOCATIO	ON Street or R.F.D.	No.	City ar Town		County	Stote
TENDING ined by th	to te			22a. I certify that (I) (this	haspital) attender	d the decease	d from	,1	963,	ta /2 - 2		Go, that	(I) (we) last
N P	d b			saw the deceased aliv	ve an /2	-0	9_Gand the	at in (my) (aur)	apinian d	leath occurred on	the da	te and hour o	and from the
Sine Bine	De t			causes stated above,	(I) (we) (did) (did	nat) view the b	oady after deat	h.					1500000
R A rete	3 st			22b. SIGNATURE	1/511	TOWES	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7 /2	DATE SIGNED	>
, be	ege file	1		22d. PHYSICIAN'S	7 1 17	JONES	> DEOREE	22e. ADDRESS	DIRECTOR	PRIIS.	1/0	11:11	11 /
SPITA 4 mo	VERAL for, p	1		NAME (Type)	Jucy/		WES	809 081	RS /	1111 Rd	No	ckully	- Md.
TO HOSPITAL OR Page 4 may be r	IO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detoched for us should be filed with the Stote Dept. of Health		23o. B	BURIAL, CREMATION, PEMOYAL (Specify) 23b. DA	ATE /4/68		est Oak	MATORY		LOCATION (City or Too ithersbur		(County) Tarylan	(Stote)
	101	9	24.	FUNERAL DIRECTOR		ADDRESS.	Radina	250. REC	D BY REGIS	TRAR 2Sb. REC		SIGNATURE	100
	30M REV 1/6	58	Ty	son Wheeler Fu	uneral Hon	ne Rocki	l Rockvi	ery DANE	JEC 5	1968	pelia	may In	dee .



2 1	It	tem 13 Film 408 1-20 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	LAND 21201	
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH		17730
HEALTH DEPT.		DECEASED-NAME First Middle Lost (Type or Print) TOTAL CARD	20. DATE KNOWN Month OF ESTI- DEATH MATED 12	Doy Yeor 2b. HOUR
any delay is 2, and 3 ta n PM3. Page epartment of	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lef under 14 Hrs. lost birthday) MONTHS 0AYS HOURS MIN.	2c. DATE PRONOUNCED DEAD	2d. HOUR
	7о. соип		UNTY OF DEATH	٩
death with form	10. 0		CCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
18. Give a along w 2 with the death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 Tark of 13 Mission Parks Inc. 136. COUNTY  Mont  VES NO	13e. STREET AND HUMBER to:	
24 hours in Item 18 r's Office os 1 and 2 v	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First  James Corr Hellong Wolse	Middle	Lost
within 24 n pencil in Examiner's File pages n 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 577-07-3336  TOST: Chart	ADDRESS	
be executed "pending" i hief Medical ansit permit. event withir		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  UE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (o), (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	sufficient Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ate g the ed t ed t ond	N	stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     lost.   (c)     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS (CONTRIBUTION)	ON GIVEN IN PART 1(o)	
- = = = = ≪	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO X
= -	DICAL	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 12-10 1968 12b. HOW INJURY OCCURRED (Enter ngth	ure of injury in Port For Part 2, b	By Aip
EXAMINER:  ute the cert  ige 4 should  your files.  Page 3 shou	ME	21d. INJURY OCCURRED  VALUE AT WORK AT	Hyallsville	County State
y SICAL R	A	death resulted fram: Natural causes Accident , Suicide , Homicide CHIEF MEDICAL EXAMINATURE  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINATURE ACTUAL STATEMENT OF THE PROPERTY MEDICAL EXAMINATURE ACTUAL STATEMENT OF THE PROPERTY MEDICAL EXAMINATION OF THE PROPERTY MEDICAL EXAMIN	AMINER 22b. DATE	
o DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health pri	230	EXAMINER'S NAME (Type) Bolden P. Roop, M.D. Approsition of Cemetery of Crematory 23b. Date 23c. NAME OF CEMETERY OF CREMATORY 23b.	Supp or county) LEC,	25,1468
1	24	REMOVAL (Specify) 2 230. DATE  FUNERAL DIRECTOR  ADDRESS  250. REC'D BY RE	LOCATION (City or Town)  GISTRAR 25b. REGISTRAR'S	(County) (State)
VR A15ME (5) 10M REV. 1/68	1	FANLOW FUNERAL HOME-WASH. DE DATEJAN 2	1969 Jelian	May Judge

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d. NAME OF HOSPITAL (If not in haspital, give street address)

5219 Marlyn Drive

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**DUE TO** 

DUE TO

Day.

Year

John E. Gustafson

12-20-1968

Bethesda

during most af warking life, even if retired) At Home

James

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Conditions, if any, which

gave rise to immediate

couse (a), stating the under-

lying cause last.

20c. TIME OF INJURY

NAME (Type)

REMOVAL (Specify)

a. m.

CERTIFICATION

OR INSTITUTION

NAME OF

DECEASED

5. SEX

(Type or print)

13. FATHER'S NAME

Female

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Bethesda d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5219 Marlyn Drive YESXX NO 4. DATE Middle Last Month Day Year 18 CAVE 1968 M. DEATH 12 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED | 6-30-1905 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? Waskington, D.C. United States 14. MOTHER'S MAIDEN NAME Mothershead Myrtle Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** Address Mr. Robert L. Cave, Husband, same as item #2 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Metastases PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (Caunty) factory, street, office bldg., etc.) Nat while of work at work June 1968. ta December 18, 1968, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 6 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE Joseph Gawler's Sons,

Wash. D.C.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Inc. 5130

22d. LOCATION (City, tawn, ar county)

24b. REGISTRAR'S SIGNATURE

Viliantas Judge

Prince Georges Co. Md.

(State)

240. REC'D BY REGISTRAR

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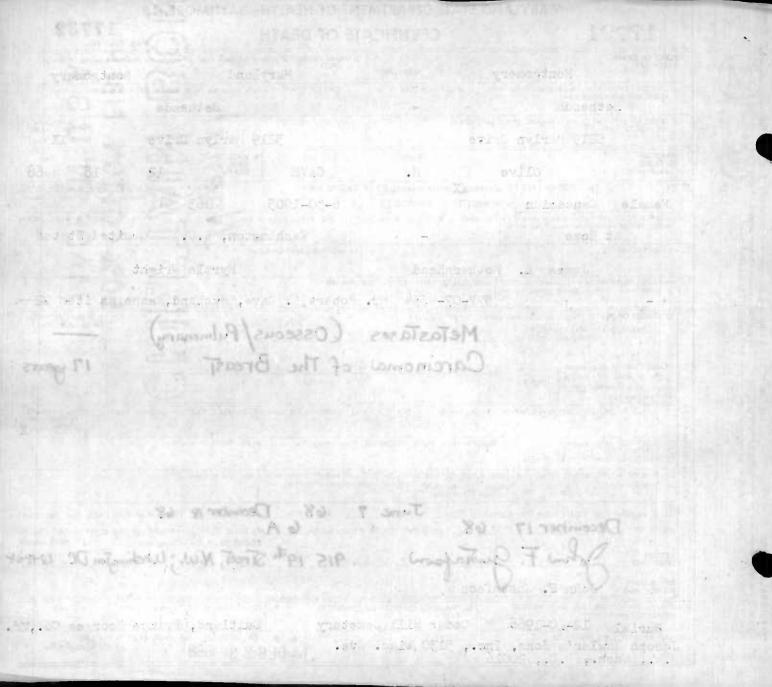
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			DIVISION OF VITAL PECADES 201 W PRESTON CORPET DATABASE MADVIANTS					
0		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
			CERTIFICATE OF DEATH	17734				
	death.		DECEASED-NAME (Type or print) First Middle Christensen 20. DATE OF DEATH Month	Doy Yeor 68 2b. HOUR				
	A Name	L	S. DATE OF BIRTH 6. AGE (In y lost birthd) 6. AGE (In y lost birthd)	reors IF UNDER I YEAR IF UNDER 24 HRS.  AMONTHS DAYS HOURS MIN.  YRS.				
	4 hours d in by the sers. Pop 72 hours	7o.	(o. BIRTHPLACE (Stote or foreign country) for send U. S. WHAT COUNTRY?  WIDOWED TO DEVER MARRIED   9. COUNTY OF DEATH WIDOWED TO DIVORCED	torners "				
	ore be executed within 24 hours command completely fined in by electer remove carbon papers. Po ond in ony event, within 72 hours	0 10.	O. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  120. USUAL OCCUPATION (Kind of working life, even if retired—varing most of working life, even if retired—varing most of working life.					
	omplete owe carl event,	5 130 odr	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before discount of the list of th					
	sictor and copies remo	14.	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Aiddle Lost				
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	requires that the death certifical physicion.  signed by the ottending physici burial-transit permit. Then ple burial, cremation, or remavol, a		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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	res tho sicion. ed by al-tron al, cren		rise to immediate couse (a), stoting the underlying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  Detastatio					
	requii ng phy en sign he buri to buri	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0					
	The law ottendir has bee se as the th prior t	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FILE CAUSES OF DEATH?	NDINGS CONSIDERED IN CERTIFYING				
	ICIAN:	MEDICAL CER		Port 2, Item 18.)				
	be host this certer the bost this certer detoche be Dept.	ME	While Not while of work of wor	County State				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician, page 3 should be detached for use as the burial-transit permit. Then the should be filed with the State Dept. of Health prior to burial, cremation, or remayol,		22a. I certify that (I) (this haspital) attended the deceosed from 1960, and that in (my) (see ) apinian deoth occurred an causes stated above, (I) (we) (did) (did not) view the body ofter deoth.	, 1968_, that (i) (we) lost the date and hour ond fram the				
	ok AT be retai blue 3 sho ed with		22b. SIGNATURE Silvit & Se Francis DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	22c. DATE SIGNED 12-8-18				
	TO HOSPITAL Poge 4 moy b TO FUNERAL D director, pog should be file		22d. PHYSICIAN'S NAME (Type) DeWitt E. DeLAwter M.D. 3848 Porter STAL					
	Poge To FU direct shou		36. BURIAL, CREMATION, REMOVAL (Specify)  Burial  236. Date  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City or Tov  Richmond	, Virginia				
	VR A15 (4) 45M - 1/69		A FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE DEC 16 1968	ISTRAR'S SIGNATURE				

17734 Justice I had been supported to the state of the state of the state of RODISM A. FLANDER, Landacher, description of Cast Alexandra A medical

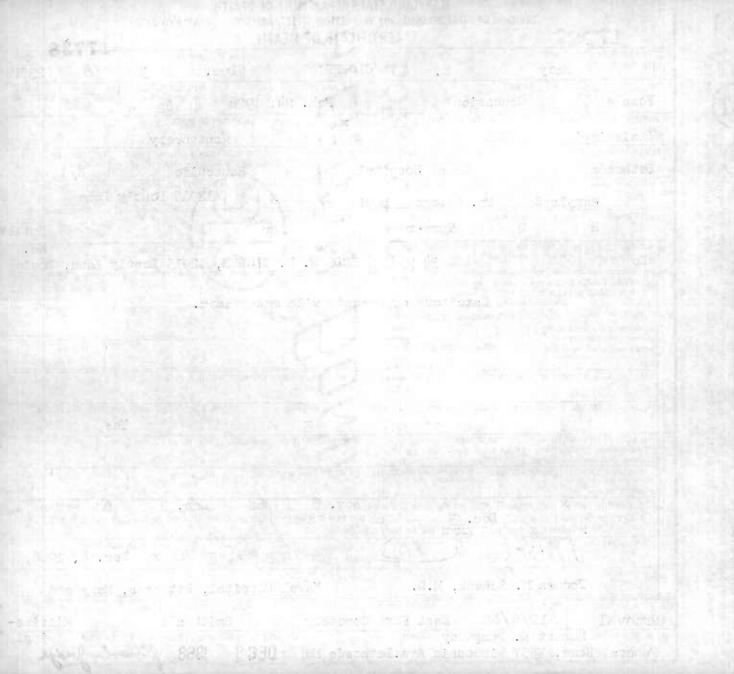
1 1	DI		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BALL		
	17721		CERTIFICATE OF DEATH		17735
	ECEASED-NAME First Type ar print)	Middle	CLAGETT	2a. DATE OF DEATH  Month  Day	Year 2b. HOUR
3. SE	MALE	NACE WHITE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH	
	BETHESO A	11. NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 12a. USU	AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a.	USUAL RESIDENCE (Where deceased li	ived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	14 ROAD
14. F	ATHER'S NAME First	Middle Clay Et Lass	15. MOTHER'S MAIDEN NAME	First Middle	Lost
16a. Yo	WAS DECEASED EVER IN U.S. ARMED I es, no or unknown) (If yes give wor or or	FORCES? 16b. SOCIAL SECURITY I		low - Mes Edna	
	PART I. DEATH WAS CAUSED BY IMMEDIATE C		Bronchogenic carc renals, spleen and	inoma with metasi lymph nodes	SETWEEN ONSET AND DEATH  1 Y 2 / JRAGE
	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.	(b)			
	PART 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b. CONI	DITION FOR WHICH OPERATION WAS PE	RORMED 20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 15	21c. HOW INJURY OCCURRED (Ente	er noture af injury in Port 1 or Port 2,	Item 18.)
946	21d. INJURY OCCURRED 21e. PLAC	CE OF INJURY (AT HOME FARM STREET, FAC			Caunty State
	22a. I certify that (1) (this h saw the deceased alive causes stated abave, (1)	ospital) attended the decease anl (we) (did) (did not) view the	ed from 1900, 190 908, and that in (my) (aur) ap bady after death.	, to 19 Doc, 19 inian death accurred on the do	that (I) (we) last ate and hour and fram the
)	22b. SIGNATURE Fredery	000	OEGREE PHYS.	MED. STAFF 22c.	DATE SIGNED
1	22d. PHYSICIAN'S FREOET	Rich S CALDIN	EU 22e. ADDRESS	2 ochower M	n,
	BURIAL, CREMATION, 23b. DATE PROVAL Specific 2	23-68 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Caunty) (Stote)
29 24. Z	FUNERAL DIRECTOR	2 C Silver	Shim Ind 250. REC'D	REGISTRAR 25b. REGISTRAR'S 3 1 1968 Clean	Les Judge

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		17720	DIVISION OF VITAL RECORD			IMORE, MARYLAND 21201	A68-202.
	T	tem#73a h c e	FilmGlo7 12/17/6	CERTIFICA	ATE OF DEATH		17736
i ni		ECEASED-NAME FI	rst Middle	7.111	Last	2a. DATE OF DEATH	2b. HOUR
ferferal and 2 er death.	()	ype or print) Elme	r Edwin		Clayton	Manth D	1968 94° A M
in the second	3. St	X	4. RACE	Is	. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. It is certificate has been signed by the attending physician and campletely filled in by the teneral stacked far use as the burial-transit permit. Then please reprave carban papers. Pages, and 2 Dept. at Health prior to burial, cremation, or removal, and many event, within 72 hours after death		male	lub to		7-4-91	lost birthday)	MONTHS DAYS HOURS MIN
a single	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MADDIED	NEVER MARRIED	9. COUNTY OF DEATH	
campletely filled into ave carban papers. y event, within 72.hr	COU	Vermont	USA	WIDOWED		montgomer	- 🛏 Md.
paper hin 72	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital 12a. USU.	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
carban ent, with	1	akoma Park	ma give street address)	San. + h	lospital during m	ost of working life, even if retired.	rentena How.
i i	13o.	USUAL RESIDENCE (Where dec	eosed lived, if institution: Residence befo	re 13c. CITY OR T	OWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	THE THE MELLE
eve	odm	issian) MO •	Montgomery	Takoma	aPark YES N	7706 Garland	d Avenue
/	14.	ATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME	irst Middle	Lost
		Edw	n Clay	ton	aurentine.	Atwood	
		WAS DECEASED EVER IN U.S. A		TY NO. 117. INF	FORMANT	Address	
		es, iid, di olikiidwii)	. 7		Its chart		
		18. CAUSE OF DEATH (Enter	anly ane couse per line for (a), (b), and		16. 1	14.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAU	DIATE (AUSE (0) Inthat Cer	obra !	semons no	ge was not per	3 weeks
		4/24	DUE TO, OR AS A CONSEQUENCE	OF i de		10117	2000
		Conditians, if any, which go rise to immediate cause (c		sckidi	el and weeks co	apar-line Arci 113	4901
		stoting the underlying cou-		OF			
		lost.	(c)				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
	NOI	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS	DEDCORMED	20a. AUTOPSY?	John IE VES WERE EINDINGS	CONSIDERED IN CERTIFYING
,	CERTIFICATION	17d. DATE OF OPERATION	TO CONDITION FOR WHICH OF EXALION WAS	FERFORMED	YES NO	CALISES OF DEATHS	CONSIDERED IN CERTIFINO
	CERT	21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	21c HOV		J r nature af injury in Part 1 or Port 2	2 Item 18 )
		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Day Ye	or	inson occounce fema	natore at imply in rail 7 or roil 2	., 110117 10.1
	MEDICAL	(If either, natify medical exc	The PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 FACTORY, \ 21f, LOC	ATION Street at R.F.D. No	. City ar Town	Caunty State
		While Not while of wark	OFFICE BUILDING, ETC.	/			
			(this hospital) attended the dece	osed from	cel 195	6, to Dec 3, 1	964 that (1) (we) las
		saw the deceased	(this hospital) attended the dece	_1968, and	that in (my) (our) op	inion death occurred on the	date and haur and from the
			ove. (I) (we) (did) (did at) view th	ne bady after de	eoth.	1 00	DATE CIONED
		22b. SIGNATURE	of a work	W Chicati	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	c. DATE SIGNED
		22d. PHYSICIAN'S	1 11 0 0 040	- DiGipti	22e. ADDRESS	EKECTOK - PHYS	2 + 0 4 1 0
1		NAME (Type)			7717 Com	oll Am Takana	gang monging.
	23a	BURIAL CREMATION, 23	b. DATE 23c. NAME	OF COMETERY OR C		23d. LCCATION (City or Town)	(County) (State)
		BURIAL CREMATION, 23 REMOVAL (Specify)	DATE 23c. NAME	ex bre	ek,	Hard night	0 1.6.
	24	FUNERAL DIRECTOR	4-254 Carca 40	15/2	1	BY REGISTRAR . 25h REGISTRAN	
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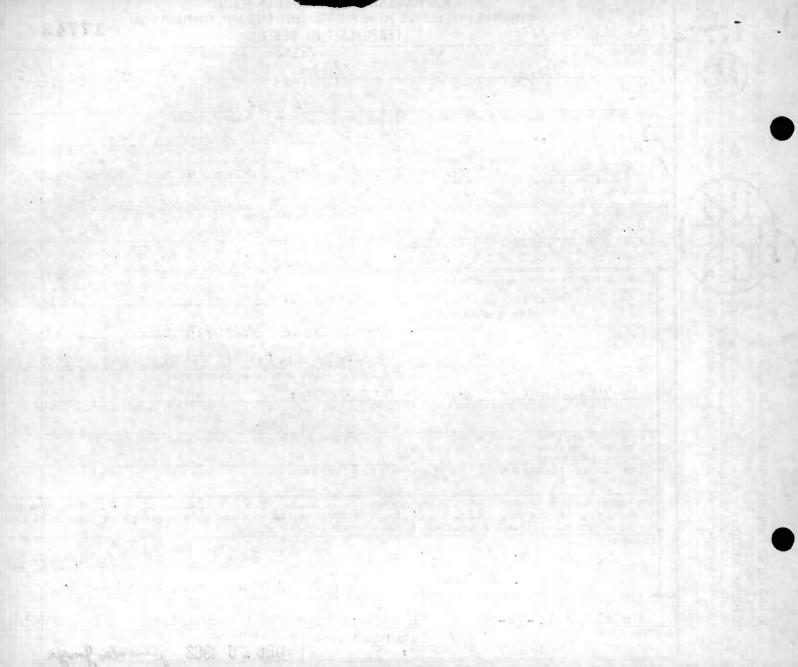
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1	± −2±		DECEASED-NAME	First		Middle		Last	2a.	DATE OF D	FATH		2b. HOUR
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	fun 1	3.	SEX	4 1	RACE	/	- 001	S. DATE OF BI	PTH		6. AGE (In years	I IF UNDER I YEAR	TIF UNDER 24 HRS
	are of		Male		Cauc.				. 6, 1877		last birthday)	MONTHS DAYS	HOURS MIN
	by Pp	7g.	BIRTHPLACE (State or foreign	7b (I	ITIZEN OF WHAT	COUNTRY2	8			UNTY OF D			
•	00	cal	New York		USA	COUNTY!	WIDOWED	NEVER MAR	KILUL		gomery		Md.
	fill fill fill fill fill fill fill fill	10.	CITY OR TOWN OF DEATH		11. NAME	OF HOSPITAL OR IN	STITUTION (If n	ot in hospital	120. USUAL OCC	UPATION (	Kind of work done	12b, KIND OF	BUSINESS OR
	within Of		Silver Spring		9039	Sligo Cr	eek Pk	cwy	during most of Ret. N	working lit	fe, even if retired.)	UNDUSTRY Varie	ty store
	ent ent	130	. USUAL RESIDENCE (Where of	leceosed live	ed, if institution:	Residence befare		1	13d. INSIDE CITY LIMITS?	13e. STRE	ET AND NUMBER		
	om ove	dur	Maryland	'M	ontgome	ry	Sil.	Spr.	AEZ NO	9039	Sligo C:	reek Pk	wy.
	an)	14.	FATHER'S NAME First		Middle	Lost	15	. MOTHER'S MA	IDEN NAME First		Middle		Last
	IAN: The law requires that the death certificate be executed all ar attending physician. It is a physician and complete from the been signed by the attending physician and complete for use as the burial-transit permit. Then please remove care Health priar to burial, cremation, ar remaval, and in any event,	L	Marcus	5		Cohen			Minnie			Bui	
	sicia sicia sicia an	160	. WAS DECEASED EVER IN U.S	. ARMED FOI	1 1 1	. SOCIAL SECURITY		NFORMANT			Address		
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	ng h The		1B. CAUSE OF DEATH (Ent	er only one	cause per line fo	r (o), (b), and (c).	)	HE TO				APPROXI	MATE INTERVAL DNSET AND DEATH
	anth ait.		PART 1. DEATH WAS O	AUSED BY: MEDIATE CAU	ISE (a)	myour	md in	1 /1	FARCT	10~		Bernetta	NIGHT HIND DEATH
	afte errr errr on, (		4109			CONSEQUENCE OF	-3/2/10		. 0				
	the it p		Conditions, if ony, which o	jave }		C' T	ma.	6	the in	0			
	hat ny tl ans em		nse ta immediate cause		(b) UE TO, OR AS A	CONSEQUENCE OF	9	x	-100	- Cols			
	es t vicial ed b el-tr		stoting the underlying collast.	use	(c)	CONSEQUENCE OF		0					
	anic original original		PART 2. OTHER SIGNIFICAN	T CONDITION		TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CONDIT	ION GIVEN	IN PART 1(a)		
	ng pan sen sen sen se b	2	4201										
	law bee beers is the	ATIO	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH C	PERATION WAS PE	RFORMED	20a. AUTOF	PSY?	20b. IF Y	ES, WERE FINDINGS (	ONSIDERED IN C	FRTIFYING
	The affe has be come with pure the pure	CERTIFICATION						YES	NO 🗀		OF DEATH?		
	ar are		21o. ACCIDENT WAS UNDE		21b. TIME OF INJU	JRY	21c, H0	1	_	e of injury	in Port 1 ar Part 2,	Item 181	
	CIA 計 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記 記	MEDICAL	OR CONTRIBUTING CAUSE O	F DEATH	HOUR A.M. M. P.M.	anth Day Yeor 19							
	IYSI nasp cer chec pt. (	ME	21d. INJURY OCCURRED	21e. PLACE		OME, EARM, STREET, FAC TE BUILDING, ETC.		CATION Street	or R.F.D. Na.	City or	r Town	County	State
	DING PHYSICIAN: The law requires the laby the haspital ar attending physician. After this certificate has been signed by be detached for use as the burial-transtate Dept. af Health priar ta burial, cre		While Nat while at work		( DEEK	E BUILDING, ETC.	-/						
	ING De co		22a. I certify that (I)	(this has	pital), attende	d the decease	d from	while	0 19 68,	to Pa	sent 19	68 . that	(I) (we) last
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and complete. 3 shauld be detached for use as the burial-transit permit. Then please remove called with the State Dept. at Health priar to burial, cremation, ar remayal, and in any even		22a. I certify that (I) saw the decease causes stated a	ed alive a	n Voe	ngt) view the	9_68, and	that in Gy	( <del>our)</del> opinion	deoth <sup>l</sup> oc	curred on the do	te and hour	ond fram the
	ATT Stair Sha ith		22b. SIGNATURE —	0000,001	We) (ald) (ald	many view me i	oddy dilei c	zeum.			224	DATE SIGNED	
	be re 3		X	land.	: 6h.	cho 1	DEGR	EE PHYS.	G MED. DIRECTO		STAFF PHYS D	DATE SIGNED	
	AL Day by		22d. PHYSICIAN'S		9 11		-	22e. ADDR			rnis.		_
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u should be filed with the State Dept. af Healt		NAME (Type)	ANCE	CHUC	rol n	9		00 CALVE	NISTA	TAN L	MBSH,	UC_
	FGN rect	23a		23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d.	LOCATION	(City or Tawn)	(County)	(State)
	5 5 5 A	_		2/29/	68		David	Cem				airfax	Va.
	VR A15 (4)		FUNERAL DIRECTOR OS. Gawler's	Come	E170 tt	ADDRESS	NT 3.1		2Sa. REC'D BY REGI		2Sb. REGISTRAR'S	SIGNATURE	
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V 1	1	Item 1 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
0. 17702	٦_	CERTIFICATE OF DEATH	17743
£ 65€		DECEASED-NAME First Middle Last Colton 2a. DATE OF DEATH (Type or print) 2a. DATE OF DEATH	2b. HOUR
# A 7 8		May D Caltobb 12 19	1968 115M
草石为	3. 5	SEX 6. AGE SEX S. DATE OF BIRTH 6. AGE (In years I Fu	UNDER 1 YEAR   IF UNDER 24 HRS.
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plei	13a	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mission) STATE 13b. COUNTY 13c. STREET AND NUMBER	1
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and rem	14.	FATHER'S NAME First Middle Logs 15. MOTHER'S MAIDEN NAME First Middle	Last
dir.		Andrew Meyers Betler Lillian A	Pinole
equires that the death certificate be executed within 24 physician. signed by the attending physician and campletely filled is burial-transit permit. Then please remave carban paper burial, cremation, ar removal, and in any event, within 72	160	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service)  Address (According to the control of t	duct St.
Phy de over the phy	-	388-10-470 In DARWING C Hughes Bethes	HA. 11/1
ing ing		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
a death attendi permit. ian, ar r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA RIGHT LUNG	3 DAYS
the c e att per rtian,		DUE TO, OR AS A CONSEQUENCE OF	
at the nsit		Canditions, if any, which gave rise to immediate cause (a), (b) CARCINOMA DORSAL SPINE, METAITATIC (BREAIT)	3 Mo.
train the train tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that th physician. signed by the burial-transit i burial, cremati		lost. (c) CARCINOMA, R BREAT WITH RADICAL MASTRETOMY	1966
the law requires the attending physician, has been signed by se as the burial-tra h priar ta burial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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the law ratending has been se as the h priar ta	FIGA	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIL	DERED IN CERTIFYING
	CERTIFICATION	YES NO KE CHOSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item.	
far			18.)
VING PHYSICIAI by the haspital ffer this certifica be detached fair State Dept. of He	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town)	
PH' le his his etac Dep		While Nat while OFFICE BUILDING, ETC.	ynuty State
NG V th v th e dr ate		at wark at wark that (1) (this haspital) attended the decoased from	Alex (IV ( VI )
Aff b d b d b d b d b d b d b d b d b d b		220. I certify that (I) (this haspital) attended the deceased from	and hour and from the
OR ATTENE be retained JIRECTOR: A e 3 should ed with the		cooses stored obdive, (i) (we) (did) (dia. set) view file body differ dediff.	na noor and nom me
retreet A S S S S S S S S S S S S S S S S S S		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE	SIGNED
L OR be re DIREC		DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	c, 19,1968
May SAL SAL be f		22d. PHYSICIAN'S NAME (Type) LEO M. CURTIS 22e. ADDRESS ELIS WISCONSIN AVE. BETHESD	M - M2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	00	ULLO MIXUNDIN ALE, DETAESP	
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/ - 1	MARYLAND STATE DEPARTMENT OF HEALTH	ADVIAND 21201	
FOR STATE			17741
	MEDICAL EXAMINER'S CERTIFICATE OF DEA		11144
HEALTH DEPT.	DECEASED-NAME First Middle Last	2a. DATE KNOWN Month OF ESTI-	Day Yeor 2b. HOUR
N T T T T	Marion del Complon	DEATH MATED A COC-	3 68 348 M
E LAY E	SEX 4. RACB S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HOURS INSTRUMENTED IN SECTION OF SEC	ZC. DATE TROMODITUED DEAD	2d. HOUR
A STATE	M W Spril 13-193 45 YRS	Min. Mooth 3 Day	Year 68 375 M
E G		COUNTY OF DEATH	
of the form	D. C. DIVORCED DIVORCED	Montgomery	/ Md.
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during m.	AL OCCUPATION Kind of work done ast of working life, even if retired.)	126 CHID OF BUSINESS OR
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s after deat 18. Give Post is along with the 3th death.	a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CVY OR TOWN 13d, INSIDE CITY LIMIT	15? 13e. STREET AND NUMBER	1
2 w 2 de	Maryland, Johnson Mountains	- 8501 Duckk	annon els
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hin 24 ncil in niner's pages haurs	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes the way of dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT	ADDRESS	mu os
wit van van V2	Willette S.	Complow	adme
ed vin	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in lief Medical E Insit permit. F event within	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Myocardial infarction, recent	& old, left	Telms.
be exeripend in the control of the c	DUE TO, OR AS A CONSEQUENCE OF MYOCARDIUM & SEPTU	m	
_ 0	Conditions, if any, which gave rise to immediate cause (a), (b) Coronary occlusion, right & 1	eft	
shauld e ward x the Ch ourial-tro	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
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certificate , writing the arwarded to used as a moval, and	4201		
is certifii te, writir farward e used a removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20. AUTOPSY?
his be t	WAS PERFORMED?		YES NO
= -	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Item	m 18.)
verifi certifi hauld lles. shauld tian, c	CAUSE OF DEATH P.M. 19		
3 4 S e	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.)  21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
EXAM ute th tige 4 yaur Page , crem	AT WORK AT WORK		
ICAL E tor. Pa ed for CTOR: burial,	220. I certify that I took charge of the remains described above, held an Autopsy	Inspection X, Inquiry X	ond in my opinion
Po ctor ctor ctor ctor ctor ctor ctor cto	deoth resulted from: Notural couses 🔼 , Accident 🗌 , Suicide 🗍 , Homicide	Undetermined monner	
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TY, ple y, ple real district De rett D prior	SIGNATURE John S. Ball M.D. ASSISTANT MEDICAL	L EXAMINER 22b. DATE S	IGNED
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MAKILAND STATE DEPAKTMENT OF MEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH First 2b. HOUR (Type or print) BERYL B. CONKLIN DATE OF BIRTH 6/28/90 3. SEX 4. RACE IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) HOURS Female. White 24 bours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Montgomery WIDOWED F DIVORCED [ U.S Kansas 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital buriol, cremotion, or removal, and in ony event, within 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within Tiso3 mherst Ave. drieg post of reking life Aven if gried.) INDUSTRY Silver Spring completely 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Md. 13MOHT gomery 11503-Amherst Ave. Silver Sprane NO 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Alma Phelps Clark Francis B. Brown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address onstanc 579-20-1701 Beryl C. Kester 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this heepital) attended the deceased from from the saw the deceased olive on 1968, and that in (1974) (our) opinion death occurred on the date and hour and from the causes stated obave, (+) (we) (did) (did not) view the bady ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING MID DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Typ Edward J. Pacious 1746 K St. N.W. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 12/26/68 Ft. Lincoln Cemetery Prince Georges County, Md. 250. REC'D BY REGISTRAR S.H. Hines Company 24. FUNERAL DIRECTOR VR A15/(4) 1968 N.W. Washington. D.C.

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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	141
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Do. OF ESTI-	y Year 2b. HOU
ay is 3 ta Page ent af		DOING NITT CORNELL DEATH MATED 2 12 9	
ny delay 2, and 3 PM3. Pag	3. S Ma	SEX 4. RACE S. DATE OF BIRTH lost birthday) MONTHS DAYS HOURS MIN. Day	Year 68 737
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- 0 - 5 / 6	13a.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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hin 24 nin ninerra pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117, INFORMANT Anne Cornell withouts	California
within pendi Examine File pag	()	Yes, no, or unknown) (If yes give war or dates of service) Ues Caleffie Gineral Home Records	Penna.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
buld be executed vard "pending" in the Chief Medical Eal-transit permit. Fany event within		/// O IMMEDIATE (AUSE (a) Acute coronary insufficiency;	
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L EXA	100	22a. I certify that I took charge af the remains described above, held an Autapsy Inspection , Inquiry	and in my apinia
ICAL tar. tar. cTO	100	death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	
please e l director retained DIRECT		CHIEF MEDICAL EXAMINER	
ury, pl		SIGNATURE / SIGNATURE 22b. DATE STG	NED
ro DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S DELOCAL ACTION OF ADDRESS STEED, STYLOGHER OF COUNTY) DEC,	9,1968
10 TO TO He	23a	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (State)
	24	REMOVAL (Specify) 12-12-1968 Highland Cemetery California Washi	ngton Pa
VR A15ME (5)	1.0	FUNERS PRESSON Carter Collen & Carles Address Sil. Spr. Ma 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNARY E. Pumphrey 2nc. 8434 Georgia Avenue DATE DEC 1 2 1968 Killen	
10M REV. 1/68	Wo	arner E. Pumphrey, Inc. 8434 Georgia Avenue DATE UEC 12 1968 formal	A Sund

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. 2b. HOUR (Type ar print) December 1968 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Male Nov. 10, 1915 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. WIDOWED | DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 4821 Aspen Hill Road during mast of working life, even if retired.) remove corbon INDUSTRY Rockville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montg YES Y NO or removal, and in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle Marion Covey Bessie Aaron physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 577-03-1368 Ellen C. Covey - wife- same item # 13 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardal infarction, recent and remote 8 days DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-tronsit Coronary insufficiency months rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the hospitol or ottending physician. stating the underlying cause last. 1201 (d) Severe Coronary arteriosclerosis vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Thrombosis Portal Vein. Post porta-caval shunt ( Post surg. 2 months) TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Heolth YES IX NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY.) 21f. EOCATION Street or R.F.D. No. City or Town County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from-1. 19 6 +, that (I) (we) lost sow the deceased alive on 12/3// 1968, and that in (my) (our) opinion death occurred on the date and hour and from the be retained couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) STEPHEN director, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) Neelsville Neelsville, Montg. Md. 24. FUNERAL DIRECTOR

Tyson Wheeler Funeral Home 1331 Rockville Pike N 6 19 2Sb. REGISTRAR'S SIGNATURE Rockville, Mi

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	3. SEX Male		4. RACE White			. DATE OF BIRT 2-26-18		6. AGE (In last birth	yeors IF day) MO YRS.		IF UNDER 24 HRS. HOURS MIN
	country) (	E (Stote or foreign lash., D.C.	7b. CITIZEN OF WH.	7.	WIDOWED	_	ED 🔲	Montgome			Md.
00	Silve	r Spring	gives	ME OF HOSPITAL OR INS	vale Ro	ad	during most of	CUPATION (Kind of w	Bygice	12b. KIND OF BI	USINESS OR
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	14. FATHER'S	Jehie		Crossfi	eld	MOTHER'S MAID	Cor	relia	Middle		llis
15	Yes/Bo, or	EASED EVER IN U.S. AR unknown) (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY N 579-60-53	10. 17. INF	ormant perta A	. Crossq	ield 8505	Address II	quale i	Rd.
	18. CAU	SE OF DEATH (Enter of RT I. DEATH WAS CAUS	D DV	far (a), (b), and (c).		tailur				BETWEEN ONS	TE INTERVAL ET AND DEATH
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	₹ □ OR COM	IDENT WAS UNDERLY! TRIBUTING CAUSE OF DE. , natify medical exam	HOUR A.M.	Manth Day Year				ire af injury in Part 1	or Part 2, Iten	1 18.)	
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10		1	MARTLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1			CERTIFICATE OF DEATH	17751
6	====		DECEASED-NAME (Type or print) OF First Middle 20. DATE OF DEATH Month Dow	2b. HOUR
	deo onc dea		(Type or print) Paul T. Culper son Month Doy	- Yeor 18 740 PM
	fur fur s 1	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF1	UNDER I YEAR   IF UNDER 24 HRS.
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-	Do you		D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPIED NEVER MARPIED 9. COUNTY OF DEATH	
	in 24 hours after deoth. filled in by the funeral papers. Pages 1 and 2 bin #hours after death.	) ["	PENNA. U.S.A., WIDOWED DIVORCED MONTGOM!	ERY Md
	E = 0	10,	OCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1	126 KIND OF BUSINESS OF
	and completely fille remove carban point in ony event, within	01	DARNESTOWN give street oddress) RT, #28 during most of working life, even if retired.)	NDUSTRY T
	e le contra	130	10. IIVIAL REVIDENCE (Where deceased lived it inctitution: Pacidance before 112c CITY OF TOWN	
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	and rem	14.	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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	end mit.	93	IMMEDIATE CAUSE (0) Chronic Glomerular NEphritis	6 years
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	the the sit pmotion		Conditions, if ony, which gove rise to immediate couse (a), (b)	
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	equires that the physicion signed by the burial-tronsit burial, cremoti	12	last. 592 (c)	
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	The off hor hor the the	CERTIFICATION	YES NO X CAUSES OF DEATH?	
	or of or lead			18.)
	d fe	MEDICAL	☐ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor [1] (If either, notify medical examiner) P.M. 19	
	hosp cer che che	WE	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	ounty Stote
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	by the fifer ose of tate	-	22g   certify that (1) (this hasnital) attended the deceased from (25 to 19 57 to 18 / 26 19 6	S, that (I) two last
	ed le		sow the deceased olive on 18 Dec 19 GY, and that in (my) (em) opinion death occurred on the date of	and hour and from the
	TT foint foint for the first f		causes stated above, (I) (did) (did not) view the body after death.	
	REC 3 s s l wi		ATTENDING MED. STAFF	Der 68
	De objective de la company de	1		lee 60
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed with Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove cabban should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	1	The state of the s	720
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aguires that the death physician. signed by the attendii buriat-transit permit.	Cre		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
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The att has	中人	E			YES NO 🔀	CAUSES OF DEATH?	
NN:   ar	ea		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature af injury in Part 1 ar Part 2, 1	tem 18.)
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AL D	=======================================		22d. PHYSICIAN'S	77	22e. ADDRESS	1113.	1214
ro Hospital Page 4 may ro Funeral i directar, pag	d b		NAME (Type) Willia	m B. Wardrop	808 Persh	ing Drive, Silve	r Spring, Md.
O HOS Page 4 O FUN	Jan	23a.	BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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FOR STATE		12723 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7754
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shauld ith the		causes stated above,	(I) (we) (did) (did nat) view the	bady after death.		
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1	7757
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	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
L EXAMINER cecute the cer Page 4 shoul for your files. NR: Page 3 sha ial, crematian		WHILE AT WORK	mont - Med
DEPUTY DICAL EXAM reessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to burial, cren		22o. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 📈, Inquiry 🔀	ond in my apinian
bical se exe ector. P ned fo iECTOR		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Homicide 🔲 , Undetermined monner 🗌	
please I director retained I DIREC		CHIEF MEDICAL EXAMINER	
AL AL prid	160	SIGNATURE John S. Ball M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
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TO DEPUTY DICAL EX.  necessary, please execute the funeral director. Page 5 may be retained for ys  TO FUNERAL DIRECTOR: Po Health prior to burial, c		NAME (Type) John G. Ball ADDRESS(Street, city, town, or county) Montg. Co	
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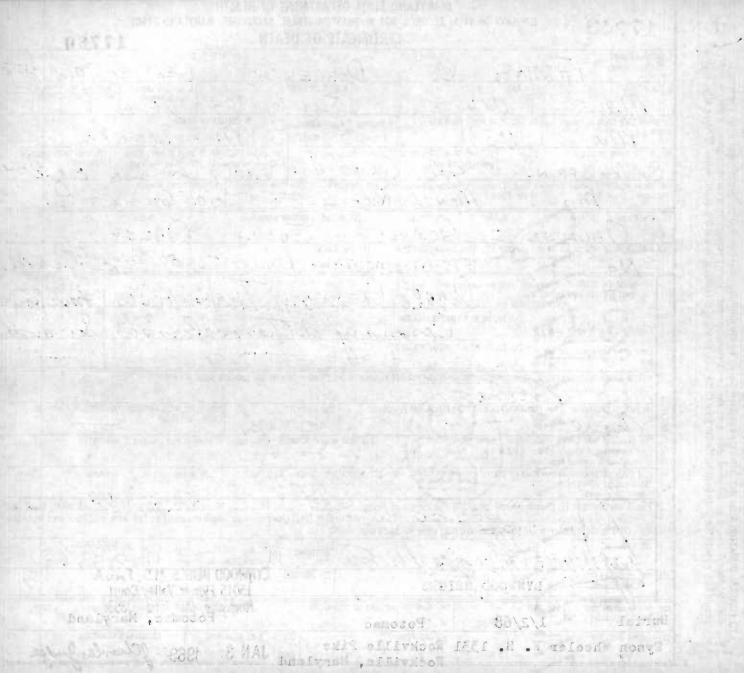
Mr. Mass. Bowlet a dopt, and the Ave. W. Mon., et . . . 1 366 1. 1868 . 25 while Jage.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17758 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle last 20. DATE KNOWN delay 1, nd 3 to Page (Type or Print) Alfred DEATH MATED Donnaud Dec 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2, and PM3. P 10/2/93 last birthday) HOURS Cau Month M Dec 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED orm DIVORCED Louisiana U.S. Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Silver Spring give street address) during most of working life, even if retired.) INDUSTRY Holy Cross Give Hdvertisina - Retired Office along with death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 1205 St. Charles Ave. Louisia Orleans YES X NO land 2 after IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last First Middle Albert Donnaud Siddia Dawkins farwarded to the Chief Medical Examiner's pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil ADDRESS (Yes, na. ar unknawn) (If yes give war or dates of service) John Donnaud. 11400 Lovejov File WWI 490-03-0485 within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause \_\_ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval nsed 19b. CONDITION FOR WHICH OPERATION 19a, DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES 🔲 NO 4 should be ar 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, EXAMINER: P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Det and in my apinian director. Natural causes D. death resulted from: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS (Fire a sty town or county) NAME (Type) 50 BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2-28-1968 Greenwood Cometery New Ma 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Inc. VR A15ME (5) Georgia Avenue unohrey. 10M REV. 1/68

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1.	CERTIFICATE OF DEATH 17759  DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
L	(Type or print) Edward Augusta Dove Dec. Month Day Year 5/2
3.	SEX  4. RACE  5. DATE OF BIRTH  April 23/908  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR  April 23/908  7. S. DATE OF BIRTH  April 23/908  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR  AND YES.   MONTHS   OAYS   HOURS   MI
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)  12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast be warking life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast be warking life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast be warking life, even if retired.)
	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 10 X TOOM YES NO 12CC3-C/17 RIDGE Rd.
14	1. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last DOVE
1	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yos give wor or dates of service)  Address  FAMIL  17. INFORMANT  Address
F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
	H 109 Due To, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
	rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TIOIL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
- Colored	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22th. HOW INJURY OCCURRED. (Frier nature of injury in Part 1 or Part 2, Item 18.)
	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY
144	21d. INJURY OCCURRED While Nat while at work at work at work
	22a. I certify that (I) (this haspital) attended the deceased fram
	22b. SIGNATURE  STAFF  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DIRECTOR   STAFF   22c. DATE SIGNED   12/17/68
	22d. PHSICIAN'S TOHN B. UMHAU 22e. ADDRESS COMM. Are. Chen Charles MAME (Type) JOHN B. UMHAU 8805 Comm. Are. Chen Charles
2	30. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sprate) 12/30/68 GATE OF HERVEN SL. SPRING
2	4. FUNERAL DIRECTOR FUNERAL HOME - WASH D.C DATE U 23 1968 256 REGISTRAR SAIGNAURE

MAKYLAND STATE DEPARTMENT OF HEALTH

11 1	MARIEAND STATE DEPARTMENT OF HEALTH
-1-1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	CERTIFICATE OF DEATH 17760
ī	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	(Type or print) THOMAS ( Manth Day Year of 1515)
3	SEX 4. RACE 5. DATE OF BIRTY 6. AGE (In years   if under uffer   if under 24 Hrs.
ľ	On lock high-dead hours of hours have
Ŀ	11.11.00
1	o. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
L	MIDOWED DIVORCED NONTGOMERY MA
1	0. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR during most of working life, even if retired.)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
L	SILVER SPRING give street address) 4 GROSS HOSP WAVET LYSTALLER PURING
	3a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c (ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
O	dmission) STATE Mp 13b. COUNTY MONTE, ROCKVILLE YES NO 605 GILSCOTT PL.
ī	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	CLUIVER E, BOWNES JULIA ( ) OLEY
1	6g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT Address
	Yes, na, or unknown) (If yes give war or dates of service) 579-07-5001 THOMAS DOWNES JR, 80769 ROCKUILLE ME
F	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  The company is a company in the company in th
1	
	DUE TO, OR AS A CONSEQUENCE OF
	(conditions, if any, which gave) (b) bronary atherosclerosis Sev. months
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	last. (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	= 4201 (None.
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED Enter nature of injury in Part 1 or Part 2. Hern 18.1
	YES NO KAUSES OF DEATH?
	▼ □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year
1	While Not while T
1	di wark ar work
	220. I certify that (I) (this hospital) attended the deceased from 1900, 1900, ta 1000, 1900, that (I) (see) los sow the deceased olive on 1900, ond that in (my) (see) opinion death accurred on the date and hour and from the
1	cgoses stated above, (I) (view the bady after death.
	22b. SIØNATURE
	MANUSTON DEGREE PHYS. DIRECTOR DISTAFF
1	
	22d. PHYSICIAN'S NAME (Type)  LYNWOOD HEIGES  22e. ADDRESS  LYNWOOD HEIGES, M.D., F.M.C.A.
-	33. BURIAN CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY HOSPITATION (State)
1	
-	-/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -
1	Tyson Wheeler F. H. 1331 Rockville Pike
L	Rockville, Maryland JAN 3 1969 James Judge





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. 1	Item13 FilmG407 12/16/68 KMARTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH
~	DECEASED-NAME First Middle Lost 20. DATE OF DEATH
ond deoth	(Type or print) GEORGE M EIWARTS DECEMBER 4 1948 12:76PM
	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I is under 1 YEAR I IS UNDER 24 HRS.
43	M OFT. 23 - 1896 IOST DISPOSOY) YRS MONTHS DAYS HOURS MIN.
	O. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIED NEVER MARDIED 9. COUNTY OF DEATH
u 7/	MONTECO 7.5. A WIDOWED DIVORCED MONTECNY Md.
17 1	O CITY OF TOWN OF PEATH IN THE PEACH OF HISPITAL OF PURSUITED OF PURSU
700	MIVER SPRING COLNEAL VILLA ARPENTER (NETEREII)
150	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Columbia Pike
~ / F.	4. FATHER'S NAME First Middle Lost IS. MOTAER'S MAIDEN NAME First Middle Lost
of removol, ond in any	GEORGE W. FAWARAC FUA GRAV.
oue -	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address OUT COUNTY BT H
	Yes, no, or unknown. (If yes give wor or dates of service) 220-01-2029 MILDRED H. LOWARDS 11459 OF S.S.M.D.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
5	IMMEDIATE CAUSE (0) Talmonaty Chewa
tion	Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF tive Heart Failure
buriol, cremotion, or removoi, ond in an	rise to immediate couse (a),
	lost. (c) Arterio sclearfic Heart Disease
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	4-200
2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
2	YES NO 2  210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	GRIGHT CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
-1	While Not while at work of work
	22a. I certify that (1) (this haspital) attended the deceased fram and 1963, ta 1968, that (1) (we) last
Н	22a. I certify that (I) (this haspital) attended the deceased fram
	22h SIGNATIVE O
	DEGREE PHYS. DIRECTOR DIPHYS. DIRECTOR DIPHYS.
/	122d. PHYSICIAN'S Joseph E. Sthith, Jr. 22e. ADDRESS Bartansville, md.
-	230 BURIAL CREMATION 23b. DATE 23c. NAME OF CAMETERY OR CREMATORY 23d. JOCATION (City or Town) (County) (Stote)
/	REMOVA/(Spocky) ( 1/127 - 11 REP 7-19/9 At Low mentice a) Sergens Appress
	24. FUNERAL DIRECTOR 256. RECIDENCE SIGNATURE 250. RECIDENCE SIGNATURE
8	Livether Nathand 25Howall St. Miles 9 1908 formers June

Pertinovery Edward Congretion Heart Failore. Action of these is heart to week Joseph Er Shithing Burtons Her English Francisco

7-3		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1 Carried Marie Control		CERTIFICATE OF DEATH 17764
# 75 H		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ype ar print) 2b. HOUR
deo onc deo		" Saran 12 9 68 1/100 M
hours after deoth.  ir by the funerol rs. Bages I ond 2 theore after deoth.	3. SI	S. DATE OF BIRTH  4. RACE  S. DATE OF BIRTH  6. AGE (In years lifunder) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTH'S DAY'S HOUR'S MIN.  YRS.
Do Po	70.	SIRTHFLACE (Stote or foreign 7b. CITIZEN QF) WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
od 4 h	caul	MINY OUMANIA U-S. A WIDOWED DIVORCED MONTGOMERY MA
filled poper thin 24	10. (	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during prost of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of wark done during prost of warking life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during prost of warking life, even if retired.)
with with with with	7	AKOMA PARK WASH SAN. THOUSEWIFE -
e executed within 24 thought ond completely filled in remove carbon popers in any event, within 12		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY toomers Sel Spr. YES NO 100/ Spring St. 7622
d co	14.	TATHER'S NAME First Middle Cost IS. MOTHER'S MAIDEN NAME First Middle Lost
ond e rem in an	1	ABRAHAM SHAPIRO UNKUGEDN
S PHYSICIAN: The law requires that the sagit certificate be executed within 24 hours after death the hospital or ottending physician.  This certificate has been signed by the attending physicion and completely filled in by the funeral detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death	160	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no per unknown) (If yes give wor or dates of service) 518-28-5145 BENJETIEMAN GRYLENELEDR NEW
ph novo	-	1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).).
ending mit. T		PART I. DEATH WAS CAUSED BY:
n, oi in	19	14 10 9 DUE TO, OR AS A CONSEQUENCE OF
the a		Conditions, if any, which gove) Must Conseled Interest term
thot an. by tl		rise to immediate cause (a).  stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
res 1 sicio led 1 al-tr		lost. (c) Couran Selevens 10 years
equires 1 physicia signed 1 burial-tr buriol, c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding een the or to	S	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he lot	CERTIFICATION	YES NO CAUSES OF DEATH?
or o		21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
Figure 1 CA	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medicol examiner) P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the adjrector, page 3 should be detached for use as the burial-transit poshould be filed with the State Dept. of Health prior to burial, cremation	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
by th ffer there store		1220 L certify that (1)/this hashital) attended the deceased from June (1) 1965, to 17/9, 1966, that (1)/(we) las
ENDI FR. Aff Wild b		saw the deceased alive an 12-19 and that in (m) (aur) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did nat) view the bady after death.
ATTEN ATTEN etoined cTOR: A should vith the	L	22b. SIGNATURE 22c. DATE SIGNED
OR be r		May 1. DEGREE PHYS. DIRECTOR PHYS. DIFFECTOR PHYS.
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 should be filed v		22d. PHYSICIAN'S NAME (Type) MAX G. SHERER 22e. ADDRESS PERSHENCY Dr. S. Venspring, Ma
HOS ge 4 FUNI recto	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	SREMOVAL (Specify) 12/11/68 D. C. Kodge (Reco) WASH DECISIONATURE
VR A15 (4) 30M REV. 1/68	34	FUNERAL DIRECTOR  ADDRESS  ADD

MAKYLAND STATE DEPARTMENT OF HEALTH

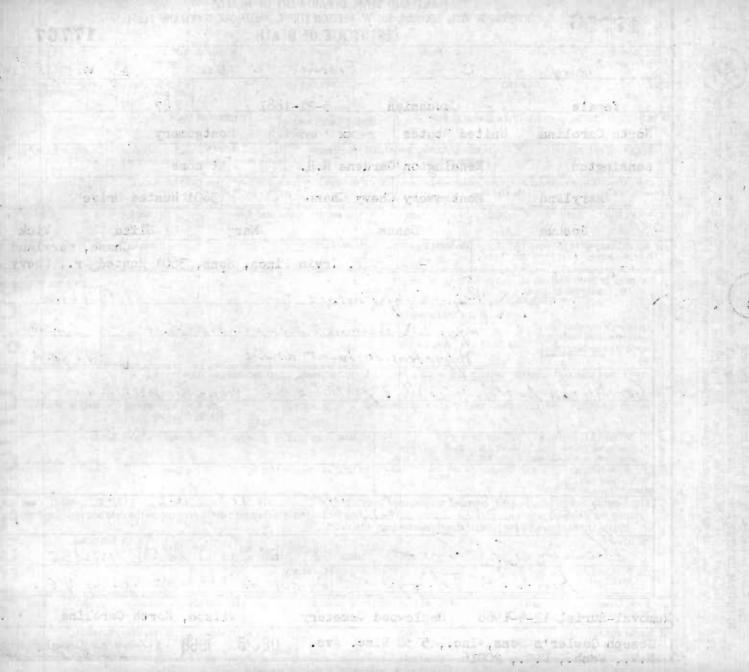
1		a contractor fil		301 W. PRESTON STREET, BALTI		
		17753		CERTIFICATE OF DEATH		17765
Gentle Gentle		ECEASED-NAME First Type or print) ROBERT	Middle L.	lost EVANS	20. DATE OF DEATH  Month  12/ 10	Yeor P 68 12:40
ysiciaa and completely filled in by the fur please remave carban papers. Pages 11, and in any event, within 72 haurs after	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
oge rs a	-	Male	Cau.	4/4/96:190	0 72 68 YRS.	MONTHS DATS HOOKS MAN.
s. r hau	70, I		7b. CITIZEN OF WHAT COUNTRY?	MAKKIED T INEVEK MAKKIED	9. COUNTY OF DEATH	
		Texas	U.S.A.	WIDOWED DIVORCED	Montgomery C	
90	В	city or town of DEATH ethesda, Maryla		ne Nursing Home Re	L OCCUPATION (Kind of work done st of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY
evenny 47	13o. odm	USUAL RESIDENCE (Where deceose ission) STATE Washington, D.C	ed lived, if institution: Residence befare  13b. COUNTY  D.C.	Washington 13d. INSIDE CITY LIM	13e. STREET AND NUMBER	- P1 N.W
5		FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME FI		Lost
		Richard	Evans	Adelia		Smith
	Y	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? ar or dates of service) 16b. SOCIAL SECURITY N		Address	MILL ST
E B		18 CAUSE OF DEATH (Enter onl	v one cause per line for (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 1		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) CAPTURE		motion	1 Dunie
n, o		1459	DUE TO, OR AS A CONSEQUENCE OF	1 1 5	1	
crematian, ar remava		Conditions, if any, which gove	(b) weters	state concurous	a of theory	540GES.
<u></u>		rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
, in the second		lost.	(c)			
. X	z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
X	CERTIFICATION	19a. DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
		210. ACCIDENT WAS UNDERLYING			nature of injury in Part 1 or Part 2, 11	rem 18.)
	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exomin	er) HOUR A.M. Month Doy Yeor			
	ME		PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No.	City ar Tawn	Caunty State
		22a. I certify that (I) (thi	s haspital) (attended the decease	ed from 1900	, , , , , , , , , , , , , , , , , , , ,	that (I) (we) las
		saw the deceased al	ive an 1 (did not) view the	95%, and that in (my) (out) apir	nian death accurred on the dat	e and haur and fram the
		22b. SIGNATURA	(i) (we) (uiu) (amanii) view ine	budy uner deam.	220 0	ATE SIGNED
		House	Huround, u	DEGREE PHYS. MI	D. STAFF PHYS.	
1		22d. PHYSICIAN'S NAME (Type)	5	22e. ADDRESS Q2	37 30ch 8	westing.
K	23a.	BURIAL, CREMATION, 23b. C REMOVAL (Specify)	DATE 231. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
R	24.	SUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY		SIGNATURE
68	1	Wyun 58	YOU i ose no	W. Woshi LJC, DATE DEC	16 1968 gelia	res judge

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			D STATE DEPARTMENT OF		
P. A.	per l	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
10	17755		CERTIFICATE OF DEATH		17766
= -2=	1. DECEASED-NAME	First Middle	Lost	20. DATE OF DEATH	2b. HOUR
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fun	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNOER 1 YEAR IF UNOER 24 HRS.
executed within 24 hours after death.  d completely filled in by the funeral smove carban papers. Pages 1 and 2 any event, within 72 hours after death.	FEMALE	WhitE	4/30/	164 last birthdow) YRS	MONTHS DAYS HOURS MIN.
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sly fille oan pa	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		JAL OCCUPATION (Kind of work dane nast af warking life, even if retired.)	12b. KIND OF BUSINESS OR
pletely fi carban ent, with	Silver Sprin	19 HOLY C	2002	nast at watking ine, even it ternea.,	IMDUSTRY
event,	13a. USUAL RESIDENCE (Where d	eccessed lived, if institution: Residence before	13c CITY OR TOWN 13d. INSIDE CITY	TOO. STREET THIS HOMBER	/ //. >.
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ate in ician and ii	16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or dates of service)  16b. SOCIAL SECURITY N	IO. 17. INFORMANT	Address	Martin Committee
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cer The The	1B. CAUSE OF DEATH (Ent	er anly one cause per line for (a), (b), and (c),	/ A .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndir or re	PART 1. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	indicemics.		Houry
ne death attendir permit. ian, or re	481 ×	DUE TO, OR AS A CONSEQUENCE OF	101	· ·	1
the countries and the countrie	Canditians, if any, which g		Valson ton	er me ma I al	2 aluna
hat n. y th ans em	rise to immediate cause stating the underlying co		20000: 1750	moran	- may
quires that to physician. Signed by the burial-transit burial, cremat	last.	(c)			
puir phys phys igne urio	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(n)	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician is 3 shauld be detached far use as the burial-transit permit. Then pleas ed with the State Dept. of Health priar ta burial, crematian, or remaval, and	HOOV				
e law re tending is been as the priar ta	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atte	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER		YES 🖟 NO	CAUSES OF DEATH?	
AN: That and are at icate ho far use Health				er nature of injury in Part 1 or Part 2	, Item IB.)
Pital Pital of H	GIF either, natify medical expension of the contributions of the contrib		2.000000		
YSI dasp cer thec		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC		a. City or Tawn	County State
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Aft Aft e St	saw the deceose	d alive on 12/3/16 8 1	9, and that in (my) (appr) or	inion deoth occurred on the d	late and hour and from the
A ATTENI retained reCTOR: A 3 shauld with the		pave, (I) (we) (did) (did not) view the l	oody after death.		
OR AI be reto DIRECT OR She e 3 sh e 3 sh e 4 with	22b. SIGNATURE	1/1/00	1 MD ATTENDING	MED. STAFF 22c	. DATE SIONED
Dir.	Men	cuch Micheles.	DEGREE PHYS.	DIRECTOR PHYS.	1931/28
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crea	22d. PHYSICIAN'S NAME (Type)	weis X Richmos	22e. ADDRESS 1(4/2 V	ecesMill Rosa	5. Wen Speritg 49
O HOSPI1 Page 4 m O FUNER, director,	23o. BURIAL, CREMATION,		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Pag O Fire	REMOVAL (Specify) Bur-Transit		Baptist	Avon, Virgini	,
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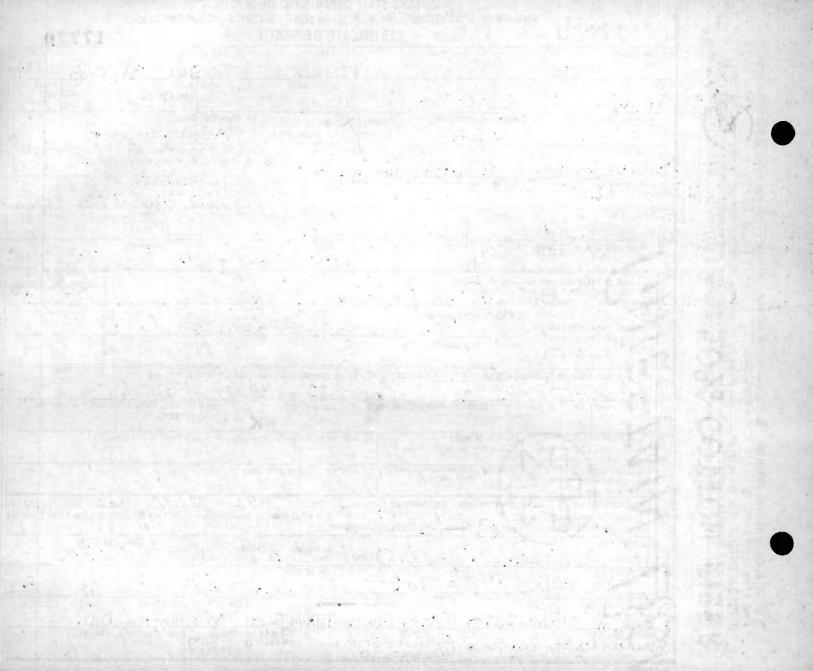


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17769 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) KEL 196 3. SEX 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) DAYS MONTHS FEMALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [ montgomery WASHINGTON. DC event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) remave carban during mast af warking life, even if retired.) INDUSTRY SETHESDA DUBUR BAN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO T burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last MORRIS ICHARDS: physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) en Cern 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWIEN ONSET AND DEATH PHYSICIAN: The law requires that the death PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) Carcinoma, lungs DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESXX NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State **DIRECTOR:** After this While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram , 19 68, ta Mac. 20, 19 68, that (1) (we) last saw the deceased alive an Ilec. 20 19 68, and that in (my) (our) apinian death accurred an the date and have and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did pot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. TO HOSPITAL (Page 4 may b 22d. PHYSICAN'S NAME (Type) RICHA TO FUNERAL 22e. ADDRESS GNNECTICUT TIVE 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Suitland Maryland cremation 23 Dec 68 Cedar Hill Crematory 24. FUNERAL DIRECTOR Joseph Gawlers SonsADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR DATE DEC 2 7 1968 5130 Wisc. Ave. N. W. Wash D. C.

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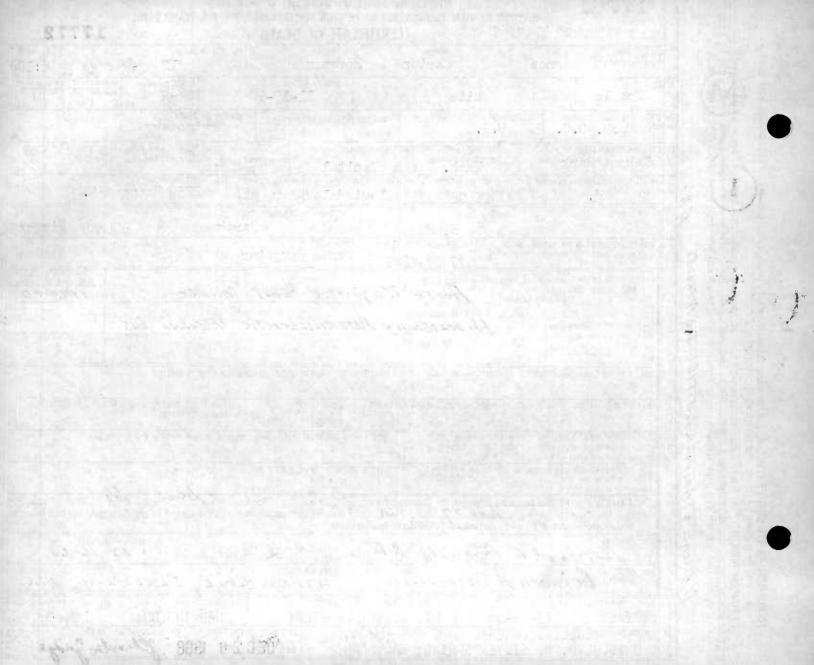
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re		PART I. DEATH WAS CAUSED	BY: SL D	of January		BETWEEN ONSET AND DEATH		
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ر ت	13	stoting the underlying couse	(c)	<i>V</i> /				
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		21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	G 21b. TIME OF INJURY H HOUR A.M. Month Doy Yeo		(Enter noture of injury in Port 1 or P	ort 2, Item 18.)		
	MEDICAL	(If either, notify medical examin	ner) P.M.	19				
	×	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.I.	D. No. City or Town	County State		
	1	at work of work				16		
		22a. I certify that (I) (the	is hespital) attended the decease	sed from	1943, to /2/3/	, 19 <u>68</u> , that (1) <del>(we)</del> las		
<u>D</u>		sow the deceased of	e, (I) (we) (did) (did not) view the	1962, and that in (my) (eus)	opinion deoth occurred an f	ne dote ond nour ond from the		
E		22b. SIGNÁJÚRE	X			22c. DATE SJGNED /		
2		Amund.	Dean Drich	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	12/31/68		
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[4] 1/68		FUNERAL DIRECTOR	SKY & Sons 3501-1	HILST., N.W. 250 AF	AD BY REGISTRAR 256. PLGIS	TRAR'S SIGNATURE		
/68		CHILDRO COLLEGE	Mashire Mashire	ton DC DATE	1000	1		



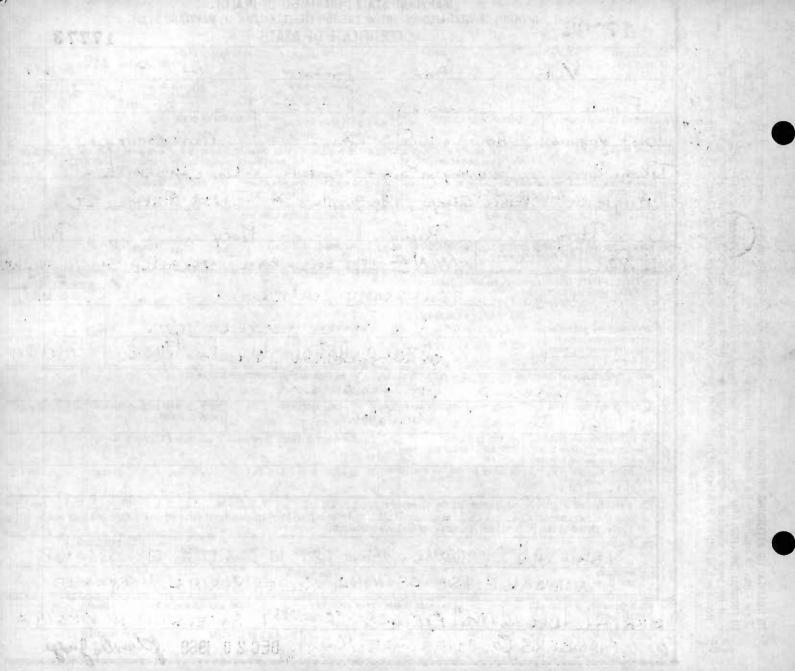
	MARYLAND STATE DEPARTMENT OF HEALTH											
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	Canditians, if any, wh rise to immediate co	ich gave) (b	Cepebra	ClRt	PRIDSC	Leros	3	15 92	CARS			
quires that tl physician. signed by the burial-transit	stating the underlyin	g cause DUE TO	, OR AS A CONSEQUENCE OF					/				
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With Section 1	22b. SIGNATURE	OB	- n	0	ATTENDING N	AFD —	STAFF 226	DATE SIGNED	010			
OR DIRE	TION	28/24	ocer 11	- 14		MED. DIRECTOR	PHYS. U	2C, 23	1968			
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NER NER Ind b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	KANK	J. DACOI	, NI. V.I	X17/-/	- OTHE	ot./V.W					
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Health	23a. BURIAL, (REMATION, REMOVAL (Specify) Removal—Buri	23b. DATE		CEMETERY OR CREMA		1	(City ar Tawn)	(County)	(Stale)			
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affer	3. SE	X Female	4. RACE Whi	te		S. DATE OF BIR	-13-98	6. AGE (In last birth	years day) YRS.	MONTHS DAYS	HOURS MIN
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ow required ding physical phys	NOI	PART 2. OTHER SIGNIFICANT CO 443 X 19a, DATE OF OPERATION 19b.	CONDITIONS CONTRIBUTION		1377	20a. AUTOF		20b. IF YES, WERE		ONSIDERED IN C	EDTIEVING
The law ratending has been se as the Mprior ta	CERTIFICATION	170. DATE OF OPERATION	CONDITION FOR WHICH	OPERATION WAS PE	KTOKMED	YES	NO 🗌	CAUSES OF DEATH?		ONSIDERED IN C	.KIII IIING
rSICIAN: aspital ar certificate hed for unit of Healfin	MEDICAL CER	21a. ACCIDENT WAS UNDERLYII  ☐ OR CONTRIBUTING ☐ CAUSE OF OFA  (If either, natify medical exami	TH HOUR A.M. /	JURY Manth Day Year 1'		W INJURY OCCU	URRED (Enter natu	re of injury in Part 1	ar Part 2,	Item IB.)	
PHYSIC he haspii this certi detached s Dept. af	ME	21d. INJURY OCCURRED While Nat while at wark 21e	PLACE OF INJURY (AT	HOME, FARM, STREET, FAI FICE BUILDING, ETC.		1.		City ar Tawn		Caunty	State
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, creating the control of		22a. I certify that (I) (\$) saw the deceased causes stated abav	nis hospital) attendalive an Alex e, (I) (we) (did) (di	ded the deceased and th	ed from 928_, and bady after o	that in (my leath.	, 19 <u>63</u> /) ( <del>our) o</del> pinian	, tadeath accurred o	, 199 an the do	, that ite and haur	(I) (we) last and fram the
FITAL OR AT I may be retain property page 3 should be filed with		22b. SIGNATURE Servar	AL Ty	enaly.	MIS DEGR	1 117 31	DIRECT	OR STAFF PHYS.	22c.	DATE SIGNED 2-16-6	68
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be file		22d. PHYSICIAN'S NAME (Type) SCRIVI		2gerAL			UNIV. BL	un.E., SIL.			ma.
Page O Fur direct	23a.		2-19-68	MT. O		CEMETER		MASHINGT		(Caunty)	(State)
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR COLL IN O UNIV. BLVD. W	S FUNERAL	HOME ADDRESS	7.700	lins	2So. REC'D BY REC DATE DEC 2	GISTRAR 2Sb. R	EGISTRAR'S		



- 1			STATE DEPARTMENT OF F		
	DIV	ISION OF VITAL RECORDS, 3	01 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
	LIVO	C	ERTIFICATE OF DEATH		17773
ī	DECEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
	(Type or print)	Ann	Encharge	12 Month 12 Do	14 68 Year 649
3	SEX 4.	RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
	E		4-5-8=	act hirthday)	MONTHS DAYS HOURS MIN
7	. BIRTHPLACE (Stote or foreign 7b. Cl	TIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
(	untry)	A . (1	B. MARRIED NEVER MARRIED	1 1	
	Wist Virginia	America Cis	WIDOWED DIVORCED	Montgome	
/ E	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	ITUTION (If not in hospitol 120. USUA	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	V12b. KIND OF BUSINESS OR INDUSTRY
	lakoma Purk	Wushington Sa	n + MOSPITAL	NAME HOUSEWI	
	o. USUAL RESIDENCE (Where deceased live mission) STATE	ed, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LI	The state of the s	
00	Maryland P	Eince George	Hyattsville YES NO	0 2308 Erskin	4 5t.
入「	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F	First Middle	Last
	Parry	Raile	,	Moru	Bill
	a. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16b. SOCIAL SECURITY NO	. 17. INFORMANT	Address	17011
	Yes, no, or unknown) (If yes give war or dat	es of service) NONE	Mrs. Louisu Rife	re 224 Fraking	St. Hudsvill
F	18. CAUSE OF DEATH (Enter anly one	cause per line for (a) (b) and (c))			APPROXIMATE INTERVAL
9	PART I. DEATH WAS CAUSED BY:	( ) . VIII	ouary emboli	0.144	BETWEEN ONSET AND DEATH
	5539 IMMEDIATE CAI	)SE (0)	and g coro	,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	Language and and	allow las	
	rise to immediate cause (a)	(b) 1 000 V	vacces reco	count for	
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	wach of the sold	10 motors 10 souce	1. 10da
3	last.	(1)	extransport of	COMMENT OF THE	100
	PART 2. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE ORC	CONDITION GIVEN IN PART 1(0)	
	5615 We	una, roste	moonsen,		
ı		TION FOR WHICH OPERATION WAS PERI		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
1	12/4/68 5/50	rugulable obliso	Les Wes NO	CAUSES OF DEATH?	
		21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Part 2,	Item 18.)
	G GR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer)	HOUR A.M. Month Day Year P.M. 19			
1			ORY,) 21f. LOCATION Street ar R.F.D. No	. City or Town	County State
	While Nat while at work	OFFICE BUILDING, ETC.			
3	22g Leertify that (1) (this ha	snital) attended the deceases	1 from 12 / 1 . 19	68 to 12/12 19	0 6 that (1) (we) 1
ł	saw the deceased alive of	in 12/12 19	OK, and that in (my) (aur) api	inian death accurred an the d	ate and haur and fram t
1	causes stated abave, (I)	(we) (did) (did nat) view the b	I from 12/1 , 19 L, and that in (my) (aur) api ady after death.		
1	22b. SIGNATURE		1 0	220	. DATE SIGNED
ŀ	Manuay F	1 Chromaton	WINDDEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	12/13/68
ı	22d. PHYSICIAN'S		22e. ADDRESS	01 11.	7144 6 1.15
	NAME (Type) WORMA	NH. ISAACS	OH, M.D. SILVER	SPRING, MAF	CINALY
1	a. BURIAL, CREMATION, 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
ľ	REMOVAL (Specify)	15,1968 FORTA		BAILEY SVILLE	W. VIRGINIA
1	CHINEDAL DIDECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR	
	W.W. CHAMBERS	GO. RIVERDA	LE, MD, DATEDEC		way Judge
			DAIL -		



1 ,	It 1-	ems 18-22 15-69 ams	DIVISION	m 408 M/ OF VITAL RE		W. PRESTO				MARYL	AND 212	01			
FOR STATE		10	302	MEDIC	AL EXAM	INER'S C	ERTIFIC	CATE	OF DE.	ATH			1	7774	
HEALTH DEPT.		ECEASED-NAME Type or Print)	La ryre		Donals			lost			20. DATE POPE	£311.	Month 122	Doy Yeor	2b. HOU
delay and 3 MS: Page	3. \$	EX 4. R.	ACE T.Y	S. DATE OF BIR		6. AGE (In years last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 2 HOURS	A HRS. MIN.	2c. DATE PR	RONOUNCEL	D DEAD Doy	Yeor 19 65	2d. HOU
farm 2, 2, re De		BIRTHPLACE (Stote or f		CITIZEN OF WH	A	WID	RRIED NI	DIVO	RIED 🗍		trome				1
hours after death Item 18. Give Pages Office alang with far Land 2 with the State	T a	Long Pork		-give s	treet oddress)	COR INSTITUTION	Tons.		during	most of Let	UPATION (I working lif	le, even if <b>carri</b>	retired.)	I2b. KIND OF BUINDUSTRY Retire	
	0	USUAL RESIDENCE (W		13k. COUNTY	P ( sidence				YES N	0 🗆	7706	V. P	ork D	r. 1' ''	retts.
24 hours in Item 1 r's Office es 1 and 2 rs after o			first ohn	Middle	W . I	losi	15. MOTHE	ER'S MAID		first nie		Lou		با دسترف د ا	st
I within 24 n pencil in Examiner's File pages n 72 haurs		WAS DECEASED EVER IN (es, no, or unknown)			16b. SOCIAL SEC 254 18		7. INFORMA Mary		owler		W H	ADDRE yatts		e, Md.	
		18. CAUSE OF DEA PART I. DEATH	WAS CAUSED			ond (c).) ssive 1	right	sub	dura	1				APPROXIMA BETWEEN ONS	
shauld be executed ne word "pending" is the Chief Medical burial-transit permit.		Conditions, if ony, v		DUE TO, OR (b)	AS A CONSEQUE	nce of morrhag	ge an	d he	mato	ma					
ertificate shauld writing the word warded to the Cl sed as a burial-trained, and in any		stoting the underly		DUE TO, OR	AS A CONSEQUE	NCE OF									
ficate fing the rded to as a b	z	PART 2. OTHER SIGNI	FICANT CONDIT	IONS CONTRIBUT	NG TO DEATH B	UT NOT RELATED	TO THE TER	MINAL DI	SEASE OR C	ONDITION	N GIVEN IN	PART 1(o)			
This certificate shauld cate, writing the word be farwarded to the Cl be used as a burial-tr or remaval, and in any	CERTIFICATION	190. DATE OF OPERA	TION		19b. CONDITION WAS PERF	FOR WHICH OP ORMED?	ERATION						la p	2D. AUTOF	NO [
# = = 0	MEDICAL CER	210. EXTERNAL CAUSE PRIMARY CON CAUSE OF DEATH						DURY OCC ease home	ed le	ter notur	e of injury	in Port 1 o base	or Port 2, It ment	em 18.) stairs	
S ≡ She IN	ME	21d. INJURY OCCURRI	,	ACE OF INJURY ( ory, office buildin			21f. LOCATIO	N Street o		Hyat	City o	r Town		County P. G.	Stote Md.
DEPUTY DICAL EXAM cessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page alth priar to burial, cren		death resulte		Natural caus		escribed abav	e, held an Suicide	CHIE	Hamicid F MEDICAL	e, EXAMINE	R 🗆		manner 22b. DATE		my apinio
TO DEPUTY SICA necessary, please ex the funeral director. S may be retained to FUNERAL DIRECTOR Health priar to bur			ELDE	NK	Ke	API	M.D.	DEPL	STANT MEDICA RESSISTIVET	L EXAMIN	HER OF COUNT		) <del>6</del> CE,	26,1	968
0 = = ~ 0 ±		BURIAL CREMATION, REMOVAL (Specify) Burial	23b. Dec	30, 19		orge Wa		ton		Ну		ville	Pro	Geo	(Stote) Md.
VR A15ME (5)	24.	FUNERAL DIRECTOR	F. Gas	ch's So	ns Ilya	ADDRESS ttsvill	e, Md		250. REC'D DATE DE	-	1 196		egistrar's	signature	ge

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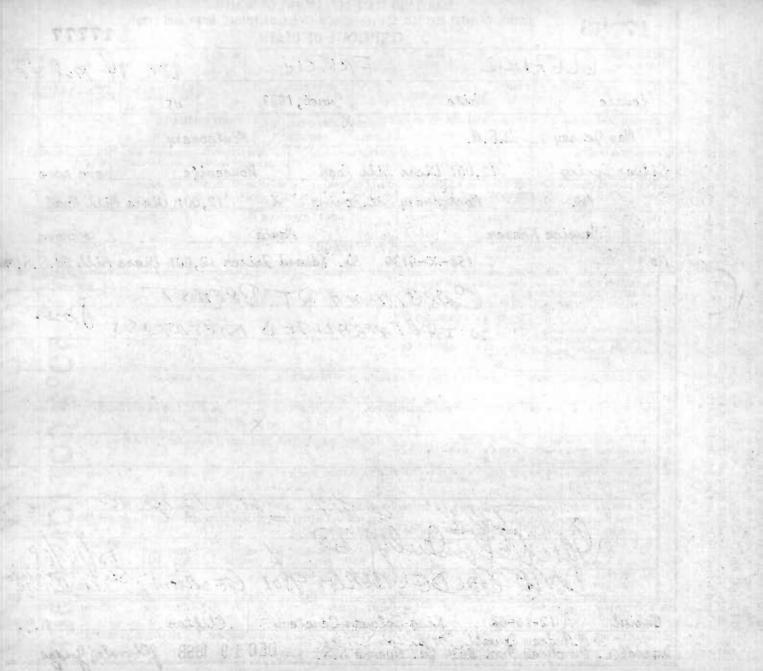
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10	4 7 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17776
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day Year 2b. HOUR
≈ a a Vev	(Type or Print) Andrew Vansice- French. DEATH MATED ] Dec 3 1968 95 M
Page 3 to 15	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS   2c. DATE PRONOLINCED DEAD 2d HOUR
Any delay is 2, and 3 ta	M. W. APTILIAPIT STYRS. MONTHS DAYS HOURS MIN. Manth Dec - Day 3 Year 1868 935M
	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH
L'E JO	country) New Jersey 21.5A WIDOWED DIVORCED Montgonery
# 88 # 28	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done 1/2b, KIND OF BUSINESS OR
de de he P	Rockville give street poddiess Grunther Ave during most of working life, even if retired.) INDUSTRY
fter Giv ang ang ith t	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
s after 18. Giv a alang 2 with death.	odmission) STATE M. of. 13b. COUNTY Montgoment Rickville YES X NO 1617 Grunther AVE
haurr Item Office 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last
s of s of	Andrew VanSice French Mella Holland
hin 24 haurs after death nail in Item 18. Give Page niner's Office alang with pages I and 2 with the State haurs after death.	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
vith pen ami	(Yes, no, or unknown) Willy give war or dates of service) 079-09-9273 Wite. mayori-French - same item #13
shauld be executed with ward "pending" in pertonential from the Chief Medical Example build-transit permit. File I in any event within 72.	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND ORATH
cute dica dica with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maceration of Brain Sudden.
Mee pe	955 X DIE TO OD AS A CONFEDURAC OF
be "pe "pe iief insii	Conditions, if ony, which gave) (b) Gun Shot wound of Head
ard ard e Ch Il-tra	rise to immediate cause (a), (b)  Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
share we we that the original control of the contro	last. (c)
This certificate shauld be executed within 24 haurs after death icate, writing the ward "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office along with 1 be used as a burial-transit permit. File pages I and 2 with the Stater remayal, and in any event within 72 haurs after death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
ifico ting irde as al, c	2 976 X
wri rwa rwa sed	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
This certificate, writing be farward de used a ar remaval,	¥ES □ NO X
d be and a second	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
rent cert cert cert cert cert cert cert cer	PRIMARY NOR CONTRIBUTING PHOLIFAM 12-3 1968. Shot Self-in head 45001. Pristola
XAMINER: te the certified to the certified of the certifi	factors office building att.)
MCAL EXAMINER: This certificate shauld be executed within 24 haurs after death be execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages I ctar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with Tarm 1ed far your files.  ECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Debrial, crematian, ar remaval, and in any event within 72 haurs after death.	WHILE AF WORK AT WORK HORS - 1617 Grunther Als. Rackville Montyomery
TY SICAL E  ry, please executively director. Page  re retained far  rial DIRECTOR: f  prior ta burial,	22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔀 and in my apinian
bound by bou	death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 💢 , Homicide 🔲 , Undetermined manner 🔲
please I direct retaine L DIREC	CHIEF MEDICAL EXAMINER
AL AL	ACTUAL SIGNATURE SIGNATURE 226. DATE SIGNED  ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
EPUTY SICK Starty, please e funeral director by be retained NERAL DIRECT th priar to but	EXAMINER'S 7936 Old George DEPOTY MEDICAL STAMINER 2 1968
O DEPUTY SICAL EXAMINER: This certificate necessary, please execute the certificate, writing the funeral directar. Page 4 shauld be farwarded 5 may be retained far your files.  O FUNERAL DIRECTOR: Page 3 shauld be used as a Health priar ta burial, crematian, ar remaval, and	NAME (Type) John G. Ball Bethesda, Marylabores (Street, city, town, or county)
5 = + ~ 5 =	23d. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (State)  Burkingval (Specify) 12/6/68 Winchester National Winchester, Virginia
VR A15ME (5)	24. FUNERAL DIRECTOR Tyson wheeler 1331 Rockville Pike  250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10M REV. 1/68	Rockville, Maryland DADEL 6 1968

MAKTLAND STATE DEPAKTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH	
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death. neral and 2 death.		OECEASEO-NAME (Type or print) E EANOR Middle TRISCIT 20. OATE OF OEATH NOTH Doy 4 Year 68 47	180M
naurs after death by the funeral Pages 1 and 2 hours after death	3. S	SEX 4. RACE S. OATE OF BIRTH 6. AGE (In years wonths) DAYS HOURS / Female White Sure6, 1923 (In years wonths) DAYS HOURS / HOURS / YRS.	HRS. MIN
Page 4 may be retained by the haspital ar attending physician.  To Hospital or Attending Physician: The law requires that the death certificate be executed within 24 haurs after death. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detoched far use as the burial-transit perhit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian arremanal, and in any event, within Zhours after death.	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEO NEVER MARRIEO 9. COUNTY OF DEATH WIOOWEO OIVORCEO Montgomery	Md
ecuted within 24 has completely filled in ove carbon papers. y event, within 72h	1	CITY OR TOWN OF GEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. OUT WITH THE PROPERTY OWN HOME.	mu.
executed withing and campletely fremove carbon any event, with	13a.	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN rissian) STATE Md. 13b. COUNTY Montgomery Sil-Spring YES NO 12.001 Viers Mill Road.	
d co mo	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	_
and and in an		Maurice Kramer Mamia unknown	
ate cian and	160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ificate b hysician please al, and	1	Yes, no, or unknown) (If yes give war or dates of service) 158-20-9139 Mr. Edward Frisch 12,001 Viers Mill Rd. S.S.	.1
S SEC		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	u
£ 15 ± 12		PART I. DEATH WAS CAUSED BY:	
9 9		17 H V OUT TO OD AS A CONSTITUTION OF	
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equires that the dec physician. signed by the atte burial-transit perni burial, crematian a		last. (c)	
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ng p	-	1/70 X	
The law reathending has been ise as the the priar to the contraction of the contraction o	CERTIFICATION	19a. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
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ar are			
CI Parity of the	IS	THE either notity medical examiner   F.M.   V	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attained are as the burial-transit per should be filed with the State Dept. af Health priar to burial, crematian.	MEI	21d. INJURY OCCURRED While Not while of work of work	В
de d		22a. I certify that (I) (this hospital), attended the deceased from \$1900, 1960, ta 1200, 1960, that (I) (we)	foot
Affe by Street		saw the deceased glive an 1963, and that in (my) (and appinion death accurred an the date and hour and from	the
OR:		causes stated abave, (1) (we) (did not) view the body after death	
reformers with with the second		22b. SIGNATURE ATTENOING MEO. STAFF 22c. OATE SIGNED	
D se	1	OEGREE PHYS. OIRECTOR PHYS.	
TAI May Pa Pa Pa Pa		122d. PHYSICIAN'S NAME (Type) IN BENDENDENDENDENDENDENDENDENDENDENDENDENDE	Ry
NER NER Ide		The state of the s	
HC age	23a	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 12-16-68 King Soloman Cemetery Clifton N.9	
		12 10 00 King Stagesti Cenevery Cugari	_
VR A15 (4) 30M REV. 1/68	1	Varner E. Pumphrey Inc. 8434 Ga. Avenue 5.5. DEC 19 1968 Clarles Quice	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. MKXXXI'ast. XXX Middle 1. DECEASED-NAME First 2a. DATE KNOWN Year (Type or Print) FSTI-Francis Page 10 DEATH MATEO 3. SFX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH PM3. F HOURS Month 12\_2 Day white molo YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIEO farm Mont comerce WIDOWED [ OIVORCED [ Pages 10. CITY OR TOWN OF DEATH with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street paddress n Takoma Pank during most of working life, even if retired.) Navy Dept. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 200 Tockwood Dr admission) STATE "7 13b. COUNTY ont comercia œ YES PY NO F after gud Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Lost First Middle ± u John Gahen Johnson haurs the Chief Medical Examiner's pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** certificate shauld be executed within (Yes no or unknown) (If postarye war of dates of service) Contrada 77-60-3808 Gahen File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gove rise to immediate cause (a). writing the ward any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ should be forwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 SD remaval, nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF OFATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE I AT WORK AT WORK please execute burial, 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X ond in my opinion Aceletent death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER 5 may FO FUNE Health **EXAMINER'S** ADDRESS (Steet city, town, or county) NAME (Type) BURIAL CREMATION 23b. DATE 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) -30-1968 National em. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Inc. 8434 Georgia Avenue Pumphrey.

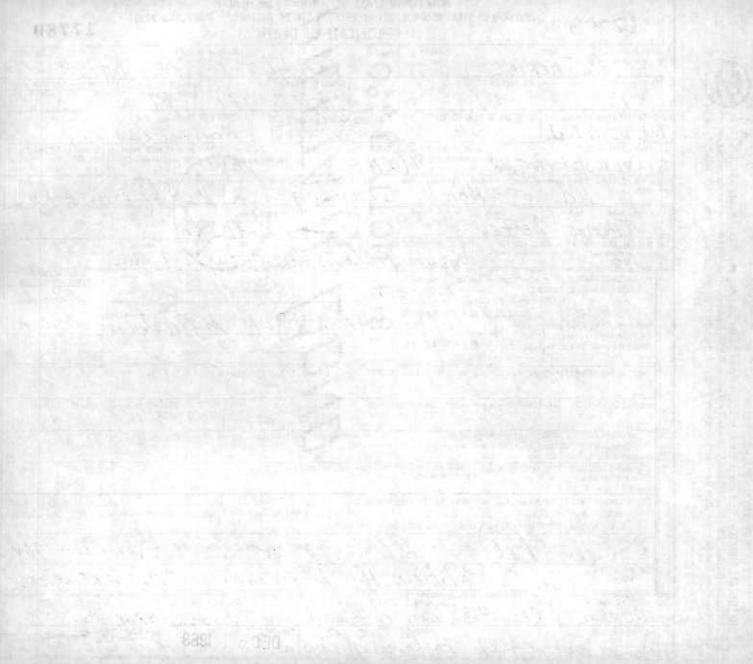
MARYLAND STATE DEPARTMENT OF HEALTH

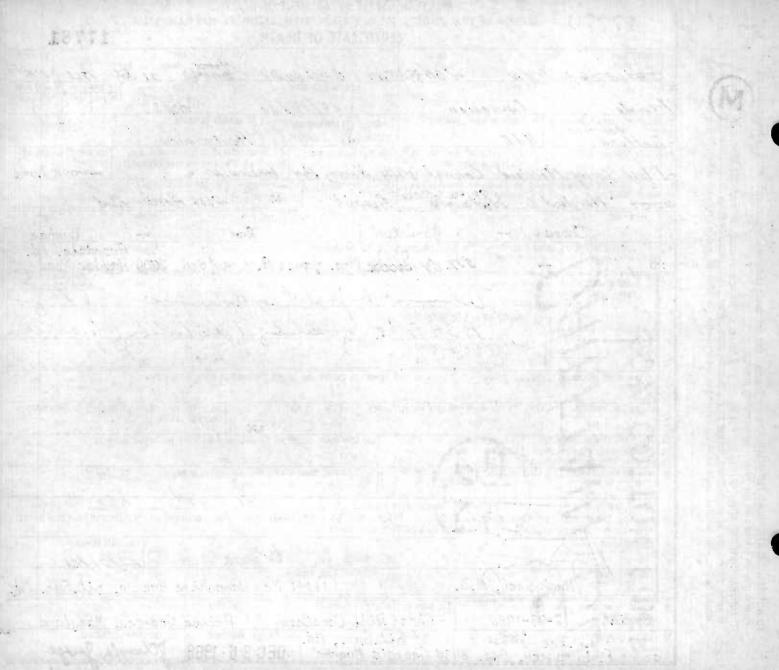
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1 1	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17779
	DECEASED-NAME (Type or print) William Kenne Middle Last 2a. DATE OF DEATH  Whonth Doy Year 8 21
	SEX  A. RACE  4. RACE  4. RACE  STATE OF BIRTH  S. AGE (In years last birthday)  WONTHS DAYS HOURS MIN  YRS.
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Monthson M.
0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if setired.) INDUSTRY
5 0	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before mission) STATE  136. COUNTY Mont Chery Classe YES NO 540 2 Jonnyhood Chery
Ī	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Mc Dougall
1	O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or which own) (If yes give wor or dotes of service)  370-01-5054 (U.S. Armen Formant)  Address Some as
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Adenocarcinoma right kidney with diffuse wide—  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	$1/\sqrt{\rho}\sqrt{\rho}$
	While at wark at wark
	22a. I certify that (I) (this hospital) attended the deceased from, 19.66, to Dec. 13, 19.68, that (I) (we) las saw the deceased alive an
	22b. SIGNATURE OMES WEG AND DEGREE PHS.  ATTENDING PHYS.   22c. DATE SIGNED  22c. DATE SIGNED
	22d. PHYSICIAM'S NAME(Type) James W. Efran 22e. ADDRESS 5413 Cedar Lane, Bethesda, Maryland
2	b. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) Dec. 20, 1968 20c. 20, 1968
4)	FUNERAL DIRECTOR Pumphrey Inc. 8434 APPRESTIGIA Avenue 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 256. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 256. RECD BY REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNA

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	160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. JNFORMANT Address	
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nor		Conditions, if any, which gave rise to immediate cause (a),  (b) CARCINOMA RECTUM METASTATE	6 mo
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		21d. INJURY OCCURRED While Not while at wark at wark at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 21f. LOCATION Street or R.F.D. No. City or Town Count	y sidie
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		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	nadi ana irani me
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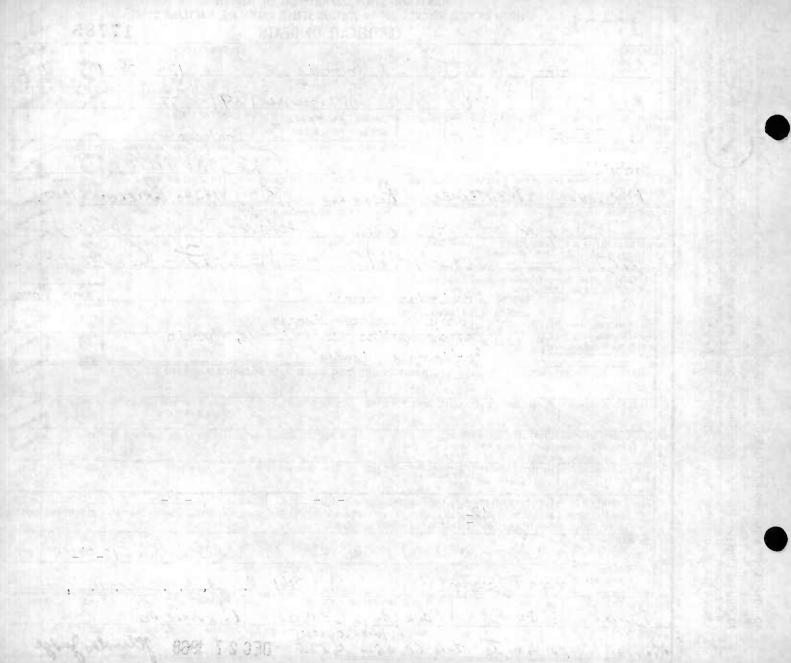
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TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		22d. PHYSICIAN'S NAME (Type) A C BE	RTH-G-ROL	LHAN	22e. ADDRESS	5/K	NO- 9	7-136	CVER
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		MARYLAND STATE DEPARTMENT OF HEALTH	
2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  17785	
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YSICIAN: aspital ar certificate the far us	MEDICAL	(If either, notify medical examiner) P.M. 19	at o
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban phanuld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, which	2	21d. INJURY OCCURRED While Not while at work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town 121f. County Street or R.F.D. No. City or Town 121f. LOCATION Street or R.F.D. No. C	16
ING by ti frer se d		22a. I certify that (I) (this haspital) attended the deceased from 5-15- , 1908, to 12-24- , 1968, that (I) (we	) last
END ed l ed l he S		saw the deceased alive an 42-24 19 68, and that in (my) (aur) apinian death accurred on the date and haur and franceuses stated abave, (I) (we) (did) (did not) view the body after death.	n the
Shout Hit		22c. DATE SIGNED	
OR OR IRE		DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 12-24-68	
AL Dog E		22d. PHYSICIAN'S 22e. ADDRESS	1
SPIT 4 m 1ERA d be		NAME (Type) George T Economos 2141 K. St. N.W. Wast D. C.	
HO. FUN rect	230	BURNAL, CREMATION, 23b. DATE 23c. JAME OF CEMETERY OR CREMATIONY 23d LOCATION (City or Town) (County) (State)	
5 5 5 p x		PANNIA (Special) 26 DEC 1968 PARKLAWN CEMETERY ROCKVILLE MD.	
VR A15 (4)	24.	FUNERAL DIRECTOR  ADDRESS 10 ASH (C 200 12 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	5
30M REV. (68)	1	NALDI FUNERAL HOME LE. 7400 GEORGIA HUE, AND DATE DEC 27 1968 Persones Judge.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21203 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type ar print) Josep hours after 3. SEX 4. RACE 6. AGE (In years IF UNCER 1 YEAR IE LINDER 24 HRS last highday) MONTHS DAYS HOURS 7a. BIRTHPLACE 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED within 72 WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done during mast of warking life, even if reffred.) INDUSTRY remove corbon burial, cremotion, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 310 13d. INSIDE CITY LIMITS? compl admission) 13b. COUNTY 14. FATHER'S MAME Middle IS. MOTHER'S MAIDEN NAME First requires that the death certificate be please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address rt Grand Yes, no erunknawn) (If yes give war or dates of service) ottending phy permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) burial-tronsit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Heolth prior to DIRECTOR: After this certificate hos been OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while City or Town County State at wark 22a. I certify that (1) (this haspital) attended the deceased from\_ SURI 1948 to Dec sow the deceosed alive on Dec 6 19 65, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED DIRECTOR TO HOSPITAL (Page 4 moy b PHYSICIAN'S 22e. ADDRESS TO FUNERAL 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOÇATION (City ar Tawn) (State) (County) AREMOVAL (Secify) 12-10-1968 Olivet Cemetery Washington, ADDRESS Sid 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 E. Pumphrey, Inc. 8434 Georgia Avenue

ASTAL BRANCH SERVING COME SOURCE SERVING SOURCE STATE OF SOURCE Seeigh = 13-10-1968 M. Clingt Control Usano I. Palienay, Vac. 4434 Georgia Coons 186 17 1368 Standard

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PT.		EASED-NAME First pe or Print)	Middle		Lost	20. DATE KNOWN OF ESTI-	Month Do	y Yeor 2b. HOUR
		Willard			rant	DEATH MATED		2000
3	3. SEX	M 4. RACE	S. DATE OF BIRTH  Nov¥-09-21	6. AGE (In years IF UND MONTHS AND THE MONTHS)	DER 1 YEAR IF UNDER DAYS HOURS	24 HRS 2c. DATE PRONOUN	CED DEAD	Yeor 68 24 Hours
	o. Bli		7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH		
		Y OR TOWN OF DEATH	US 11. NAME OF HOSPITAL	WIDOWED		Mont. Co	110	Md
1 2	ako	oma Park, Md.	give street address) Washingt	on San & H	osp. during	g most of working life, even CHIROPRAC	if retired.) INC	o. KIND OF BUSINESS OR DUSTRY
5		ISUAL RESIDENCE (Where deceose nissian) STATE	ed lived, if institution: Residence b		N 13d. INSIDE CITY Oring YES	100. STREET AND IN	umber w Hamos	hire Ave.
7 14	4. FA1	THER'S NAME First	Middle	Last 15. MOT	HER'S MAIDEN NAME	First	Middle	Lost
L		Julian		rant	Vi	rginia Washi	ngton	?
		AS DECEASED EVER IN U.S. ARMED FO i, na, ar unknown) (If yes give w	ORCES? var or dates of service) 16b. SOCIAL SECUR			ICE GRANT	RESS CSAME	/
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		stating the underlying couse stating the underlying couse	DOE TO, OK AS A CONSEQUENT		- 30/			
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ATIO	CERTIFICATION 2	9a. DATE OF OPERATION		OR WHICH OPERATION				20. AUTOPSY?
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MEDICAL CE	DICAL CE	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Manth, Day HOUR A.M. P.M.	7, Year 21c. HOW	INJURY OCCURRED (E	nter nature af injury in <del>P</del> art	1 or Part 2, Item	18.)
W	₹ 2		LACE OF INJURY (At hame, farm, str tary, office building, etc.)	eet, 21f. LOCAT	ION Street at R.F.D. No	o. City ar Town		County Stote
3		• //	ook charge of the remains des			Inspection ,	Inquiry .	and in my opinian
-		death resulted from:	Natural causes . Acc	ident , Suicid			d manner [_	
		ACTUAL /0//	11/1/1/1/	hand	CHIEF MEDICAL		22b_DATE SIG	NED
		SIGNATURE		1	M.D. ASSISTANT MEL	DICAL EXAMINER L	A CO	1 1918
2		EXAMINER'S DECP	CN/KI	YEAPH	ADDRESS(Singer	Terry sound, or County)	KICC,	6,166
	1	REMOVAL (Specify) De	c. 10.1968 Date	E OF CEMETERY OR CREA 2 Of Heaven	/ Cemiting		Jamery	ounty) (Stote)
0	1	Emy Tuncal Kome.		100gss 254 Carroll S	LNW DATE DE		REGISTRARSISTS	
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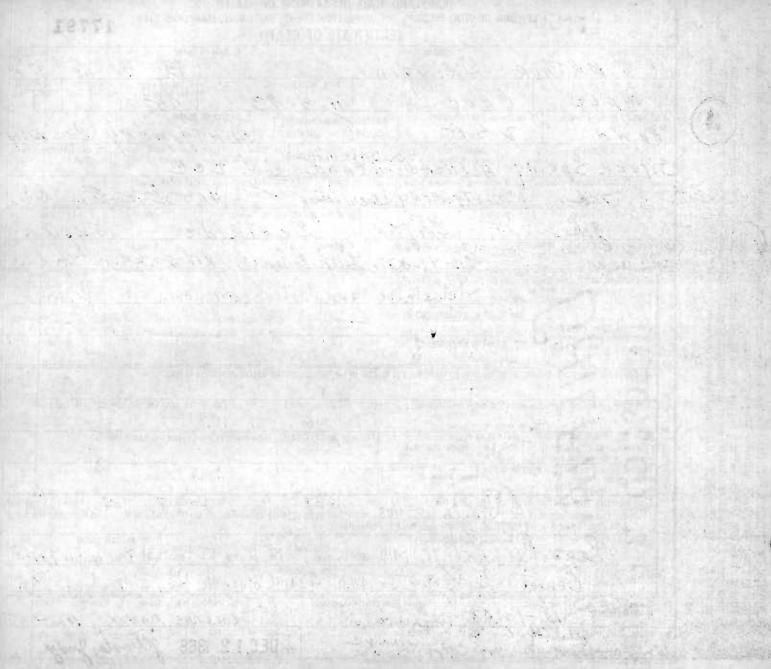
-	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
1	I	Item13 FilmCh08 1/17/69 kk CERTIFICATE OF DEATH		
€ \ = \ €		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ype ar print) C (1125 Month Day Year 150)		
de d		CLAIRE / GIVAY DECEMBER 15 1988 6 AM		
s offer softer	3. SI	Tornale Colute S. DATE OF BIRTH GAPLE 20 1896 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR.).  ARCE  GAPLE 20 1896 72 YRS.		
24 haurs ean n by the geners. Pagents		SIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH		
24 h		france USA WIDOWED DIVORCED Montgoweng Md.		
within within	1	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  120. KIND OF BUSINESS OR Undersor during most of working life, even if retired.)  120. KIND OF BUSINESS OR Undersor		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afterbe retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely times in by the first 3 shauld be detached far use as the burial-transit permit. Then please remave carbon perfers. Page Led with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after the with the State Dept.	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before issian) STATE  13b. COUNTY  13c. STREET AND NUMBER  YES NO 10300 Livingston Rd.		
and o any	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost		
e be an a	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address		
rtificat physici en ple ival, a	100	es, na, ar unknown) (It yes give war or dates of service) - Liez anne Poux 103 00 (100 100 100)		
h ce The The		1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.		
deat tend mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE		
the at per		Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  CHRONIC MVICARO (TIS		
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AN: al ar icate far u Heal		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year		
rsici aspit certif hed t. af	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INNIBY OCCUPPED 22a PLACE OF INNIBY AT HOME FARM, STREET, FACTORY, V. 21f LOCATION Street or R.F.D. No. City of Town County State		
he h this detac		While Nat while of wark A twark		
by t ffer ffer be a State		22a. I certify that (I) (this hospital) attended the deceased fram 5507-30, 1968, to 000 15, 1968, that (I) (we) last saw the deceased alive an 060, 15 1968, and that in (my) (our) apinian death occurred an the date and have and fram the		
TENE ined OR: A auld		causes stated abave, (1) (we) (did) (did not) view the bady after death.		
R AT reta		22b. SIGNATURE  ATTENDING  MED.  STAFF  PHYS  STAFF  PHYS  STAFF  STAFF		
AL Ony be only be only be defined filled		22d. PHYSICIAN'S 22e. ADDRESS 22. ( 1/244222 Mg.		
SPIT, 4 mc		NAME (Type)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creating the state Dept.	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2 12-17-68 St. Mary Church Com / Liscataway Mid.		
VR A15 (4)	24.	FUNERAL DIRECTOR  (Check & Wielislin 43.8 ADDRESS: DADRESS: DADRESS: DADEC 24 1968 Charles Quese		
30M REV. 138	1	lover 6 williams med DAULU 6 & 1500 flearles Judge		

BRITI 

		17779		CERTIFICATE (		MORE, MARYLAND 21201	1779	30
	(	receased-Name First per or print) DONNA	J. GREEN	Lost		DEC Month 22 Do	<sup>7</sup> 1968	2b. HOUR 3:00A
	3. SI		4. RACE	S. DATE (		6. AGE (In years last by those)		F UNDER 24 HRS.
		FEMALE BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		AY 1929	last birthday 9 rrs.		
	coul		USA	8. MARRIED NEVER	MARRIED	9. COUNTY OF DEATH MONTGOMERY		***
7	]	TTY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL OR INS give street address! NAVAL HOSPI	TAL		L OCCUPATION (Kind of wark done of working life, even if retired.)	12b. KIND OF BUINDUSTRY	JSINESS OR
7	13o. adm	USUAL RESIDENCE (Where decea ssion) STATE MARYTAND	sed lived, if institution: Residence befare U.Sb. COUNTY CHARLES	The state of the s	13d. INSIDE CITY LIW YES NO			
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		DOLPH D. ZABLO			CE SUCHAL			Last
	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY N	10. 17. INFORMANT		Address		
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	VIION	171X	NDITIONS CONTRIBUTING TO DEATH BUT NO		MINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIEVING
1	CERTIFICATION				NO 🗆	CAUSES OF DEATH?	CONSIDERED IN CER	IIITINO
	AL	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Manth Day Year ner) P.M. 19		OCCURRED (Enter	nature of injury in Port 1 or Port 2,	Item 18.)	
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ı		22a. I certify that the	is haspital) attended the decease	d fram 26 NO 9 68, and that in	V, 19.68 (nXy) (aur) apin	, ta 22 DEC , 19	_68_, that (	(we) last and fram the
		causes stated abave	e the (we) (did) (did toot) view the b	oady after death.				
		causes stated abave 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) J. I.	sky fragget view the E	DEGREE PHYS	NDING ME DIR	D. STAFF RECTOR PHYS. 22	Date Signed  Decembe  Maryland	
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	23a. <b>B</b> u	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  BURIAL, CREMATION REMOVAL (Specify)  1.2	YON, LCDR MC USN	DEGREE ATTE PHYS  DEGREE PHYS  22e. N  EMETERY OR CREMATOR	NDING ME ADDRESS AVAI HOST	D. STAFF PHYS.   22  23  23  23  23  24  25  26  27  28  28  28  28  28  28  29  20  20  20  20  20  20  20  20  20	Maryland (County)	1

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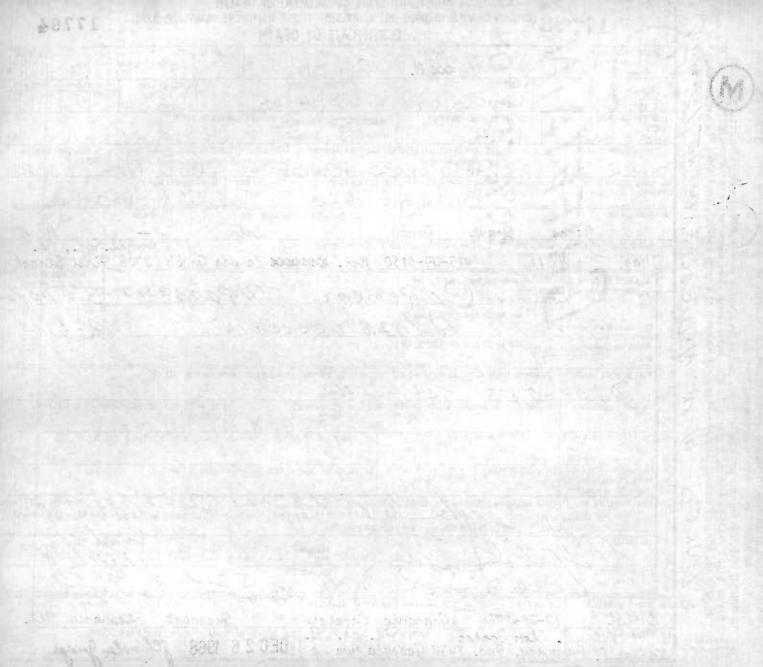
			MARYLAND STATE DEPARTMENT OF HEALTH	
20			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17791
	- 19		CERTIFICATE OF DEATH	11197
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health priar ta burial, cremation, or remaval, once		M	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town of work at work	County State
OR ATTENDING be retained by the INRECTOR: After 1 e 3 should be de			22a. I certify that (I) (this haspital) attended the deceased fram 1967, 19, ta Deca 7, 1968 saw the deceased alive an Deca 1968, and that in (my) (aur) apinian death accurred on the data	S, that (I) (we) last
R: A			causes stated above, (1) (we) (did) (did nat) view the body after death.	e and naur and tram the
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OR be r be r be r ded w			Denney G, Gorley L, MI, V DEGREE PHYS. DIRECTOR D PHYS. De	cember 7,1968
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	- /		22d. PHYSICIAN'S NAME (Type) Bennet A. Porter, Jr., M.D. 9301 Colesville Rd., Silvi	er Spring Add.
HO.		23a.	BURIAK CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (Stote)
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	MARYLAND STATE DEPARTMENT OF HEALTH	
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	,
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SICI Spit ed if ed af	[If either, natify medical examiner] P.M. 19	
ha ha ach ach ach	21d. INJURY OCCURRED While Not while OFFICE BUILDING, ETC.  21f. LOCATION Street or R.F.D. No. City or Town County	State
the det	ul wark all wark —	
DIN by Afte be Sto	22a. I certify that (I) (this hespital) ottended the deceased from Many, 1963, to 1962, 1964, that saw the deceased alive an 1964, and that in (my) (eur) apinian death accurred on the date and hour a	(i) (we)-last
R: Ned	causes stated obove, (1) (we) (did) (did not) view the body ofter deoth.	nd fram the
A A A A A A A A A A A A A A A A A A A	22b. SIGNATURE 22c. DATE SIGNED	7.0
OR De r	The Medical Degree PHYS. DIRECTOR DIREC	16X
A cy cy fille fille	22d. PHYSICIANS 22e. ADDRESS	- C - C
SPIT 4 m Or, d be	NAME(Type) George H. Mitchell 11125 Rockville Pike, Rockville,	Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-dertification and be retained by the haspital at attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then play shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval.	3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State) Md.
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eath ce			1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LEVERY DEATH  LEVER
t the d the attr sit perm			Canditions, if any, which gove rise to immediate couse (a), (b) White Schools - June 1818 5 year
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The large that has be use as	2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ICIAN: pital ar rrificate ed far u		MEDICAL CE	21o. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CIUSE OF DEATH (If either, notify medical exominer)  21b. TIME OF INJURY  P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
G PHYS the has this ce detache		M	21d. INJURY OCCURRED While Not wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I should be filed with the State Deat, af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after			220. I certify that (I) (this hospital) oftended the deceased from North, 1967, to North opinion death occurred on the date and hour and from the causes stated abave, (I) (this hospital) oftended the deceased from North opinion death occurred on the date and hour and from the causes stated abave, (I) (this hospital) oftended the deceased from North opinion death occurred on the date and hour and from the causes stated abave, (I) (this hospital) oftended the deceased from North opinion death occurred on the date and hour and from the
OR AT			22b. SIGNATURE ATTENDING ATTENDING DIRECTOR STAFF 22c ATE SIGNED 1968
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TO HC Page TO FUI		1	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County State)  BENOCH Expectify 12-13-1968  St. Lincoln Cemetery Prince Georges, Maryland  FUNERAL BIREWOR 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17	796
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Da OF ESTI- Villiam Frederick HAHN DEATH MATED Dec. 30	Year 2b. HOUR
any delay 1, 2, and 3 m PM3. Po		A. RACE  Male  Cauc  Oct. 2, 1946  S. DATE OF BIRTH  Oct. 2, 1946  AGE (in years lif under 1 YEAR if under 24 HRS Day)  Wonths DAYS  HOURS  MIN.  Dec. 30  BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	2d. HOUR
24 hours ofter death any of in Item 18. Give Pages 1, 2, or is office olang with form PM is 1 and 2 with the State Depart is after death.	10. (		KIND OF BUSINESS OR OUSTRY
24 hours of in Item 18 r's Office of ite of	-	FATHER'S NAME First Middle Lost HAHN IS. MOTHER'S MAIDEN NAME First Middle G. Kamme	Last
I within 24 in pencil in Examiner's File pages in 72-hours	16a. ()	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. or unknown) (if yes give wor or dates of service) (es, no. or unknown) (if yes give wor or dates of service) (if yes give wor or dates of service) (265 90 3709  CDR William R. Hahn, USN, Ret. 21	
be executed "pending" in infer Medical ansit permit.		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   Phylip Note in 1997   Periodic paralysis, sporadic  DUE TO, OR AS A CONSEQUENCE OF type, Clinical  (b) Hypokalemia  DUE TO, OR AS A CONSEQUENCE OF  Lost.  (c)   Conditions, if any which gave rise to immediate cause (a), stating the underlying cause lost.	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
s certificate e, writing the forworded to the used as o emoval, and	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  3.5.2   19a. DATE OF OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO
INER: e certifi should files: 3 shoulc	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT A WORK AT WOR	1B.) County State
EPUTY SICAL EXECUTED SSORY, please executioneral director. Paging by his retained for NINERAL DIRECTOR: Physical prior to buriol,		22a. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner  ACTUAL SIGNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17797 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME First 2a. DATE KNOWN A Month Day 2b. HOUR Burnell Hughes HATNES (Type or Print) DEC. 1 1968340Am Page af DEATH MATED 30 IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years DATE PRONOUNCED DEAD 2d. HOUR and M3. Manth Dec. Day MALE Year , 68409 Am CAUCA. FEB. 15, 1940 1 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pages 1, country)Pennsylvania USA Montgomery WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Suburban Hospital during most of working life, every frequency.) give street oddress) INDUSTRY Bethesda Give 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY New Windsor Carrell Route 1 YES NO X in Item 1 shauld be forwarded to the Chief Medical Examiner's Office, and after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Ralph Anthony Haines Bessie Katherine Hughes 17. INFORMANT in pencil i 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS be executed within (Yes, no you wknown) 213 38 7666 Navy Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH burial-transit permit. S CAUSED BY: Multiple injuries, severe PART I. DEATH WAS CAUSED BY: pending" sudden DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Trauma from auto accident rise ta immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 3 should be used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ar 21b. TIME OF INJURY Month, Day, Year 21g. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING DICAL EXAMINER: PM DEC. 1 1968 loss control of car and hit a wall CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED City or Town Stote foctory, office building, etc.) Highway WHILE AT WORK AT WORK RT124. Gaithersburg Montgomery MD 22a. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X, Inquiry X, and in my apinian death resulted fram: Natural causes . Accident . Accident Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEC. 3, 1968 DEPUTY MEDICAL EXAMINER K **EXAMINER'S** 5 may TO FUNE Health John G. Ball ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) St. James Methodist Cemetery Md. Dennings DEC 9 1968 256 REGISTRAR S. SIGNATURE 24. FUNERAL DIRECTOR W. W. Chambers Co. 1400 Chapin Street, N.W., Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH
6	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- 17 B. C. F. T. C.	CERTIFICATE OF DEATH 17798
er death. funeral 1 and 2	DECEASED-NAME First Middle Lost 20. DATE OF DEATH  (Type or print) George Haines Dec. 27, 1968
ate be executed within 24 haurs after death. ician and campletely filled in by the funeral lease remave carban papers. Pages 1 and 2 and in any event, within 72 hours after death.	SEX  4 RACE  S. DATE OF BIRTH  6. AGE (In years if bunder 1 year if bunder 24 Hzs  Male  Catica  Tuno 39 1905 last birthday)  Months OAYS HOURS Min
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and cremo	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last
n al se r	George Haines Mary (Unknown)
	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No  16b. SOCIAL SECURITY NO. 17. INFORMANT Lola G. Haines Address 208 Harrison St
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OR ATTENDING PHYSICIAN be retained by the haspital SIRECTOR: After this certifica e 3 shauld be detached far ed with the State Dept. af He	While Not while of wark of wark
DING I by t After I be c	22a. I certify that (I) (this hospitol) ottended the deceosed from
OR: auld	causes stated abave, (1) (we) (did) (did nat) view the bady after deoth.
OR A)  OR A)  OR A)  OR A)	22b. SIGNATURE DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. D
PITAL may be RAL D	22d. PHYSICIAN'S NAME (Type)  DONALD L. BUCY  22e. ADDRESS 809 Veirs Mill Rd. Rockville, Maryland
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	30. BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVE (SOCIO) Dec. 30,1968 Forest Oak Cemetery Gaithersburg, Montgomery M
VR A15 (4) 45M - 1/69	obert A. Pumphrey, 7557 Wisconsin Ave. DATE DATE

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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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ond 2 reath.		CEASED-NAME First - Middle Last 2a. DATE OF DEATH  YPE PAPITURES - OIVE HALDRUNER 20. DATE OF DEATH  Manth Day Year 3 0. A.
	3. SE	4. RACE  S. DATE OF BIRTH  White  S. DATE OF BIRTH  513-86  6. AGE (In years lift under YEAR IF U
	7o. I	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NOT GOMERY MIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED NOT GOMERY
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	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
űe:	160	Joseph Jozur (unknown) WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address S. 1 Sm. M.
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-)		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CONTROL OF CONTROL  MAPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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5		last. (c) County albertactors
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	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Manth Day Year  (If either, notify medical examiner)  P.M. 19
1	ME	21d. INJURY OCCURRED VAID Not while at wark at
		22a. I certify that (I) (this haspital) attended the deceased from, 19
1		22b. SIGNATURE  DEGREE PHYS.
K		22d. PHYSICIAN'S NAME (Type) Lewis A Dennes and 22e. ADDRESS Sclere Fd, Silver Spring, Md.
7		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  BURIAL, CREMATION, 12-23-1968 Cold Spring Cemetery Cold Spring, New Jersey
68	24.	FUNERAL DIRECTORS ("Glen arter ADDRESS SILVERS pr. Ma 25a. RECID BY REGISTRAR'S SIGNATURE

MAKTLAND STATE DEPAKTMENT OF HEALTH

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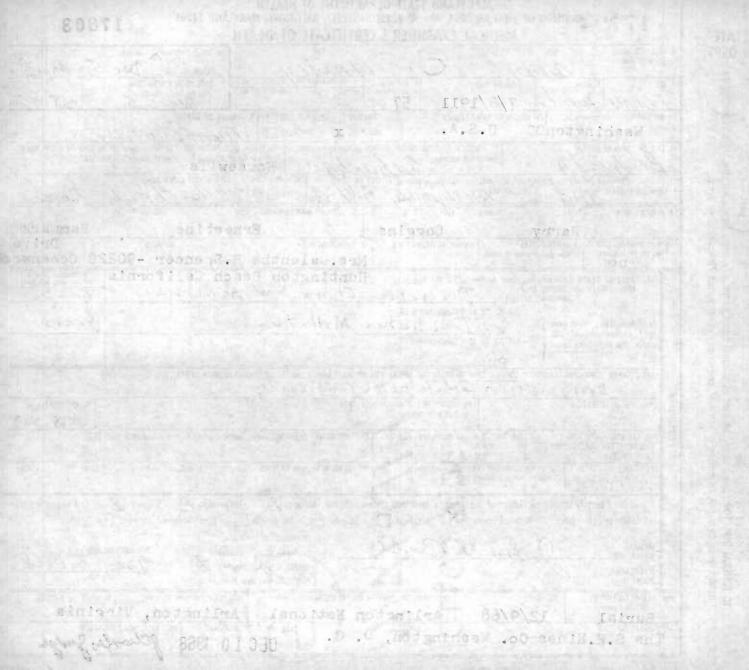
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17801 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME 2a. DATE KNOWN Month 2b. HOUR Dov Year (Type or Print) ESTI-OF DEATH MATED 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S DATE OF BIRTH NEGIO 7o. BIRTHPLACE (State or foreign Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Mary Isnal 21.5.4 WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 72h. KIND OF BUSINESS OR give street\_address during most of working life, even if retired.) INDUSTRY rash Collecter 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY > ofter 14. FATHER'S NAME Middle Middle .= hours should be forwarded to the Chief Medical Examiner's pages 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** be executed within (If yes give wor or dates of service) (Yes, na, ar upknawn) APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Coronary Thrombosis Acute. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: odden IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Coronary Arterio Scleresisburiol-tronsit Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES DO NO T 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection 🔀 Inquiry X ond in my opinion director. Suicide [ death resulted from: Natural causes Accident . Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 50 23o. BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15ME (5) 1968

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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4 within 24 etely filled arbon pape art, within 7	10. (	ITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (It not in hospital 112g, USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR INDUSTRY
within the	120	USUAL RESIDENCE (Where decepsed lived, if institution: Residence lefare 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
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ne death ce ottending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Hepatro Como	2 who
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nat th nat th y the ansit p		Canditions, if ony, which gove rise to immediate couse (a).  (b) Laluneus Currhouse DUE TO, OR AS A CONSEQUENCE OF	version years
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law requires t anding physicia been signed t is the burial-tr	ATION	OST   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    Part 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    Part 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSI	IDERED IN CERTIFYING
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MAKILAND STATE DEPAKTMENT OF HEALTH

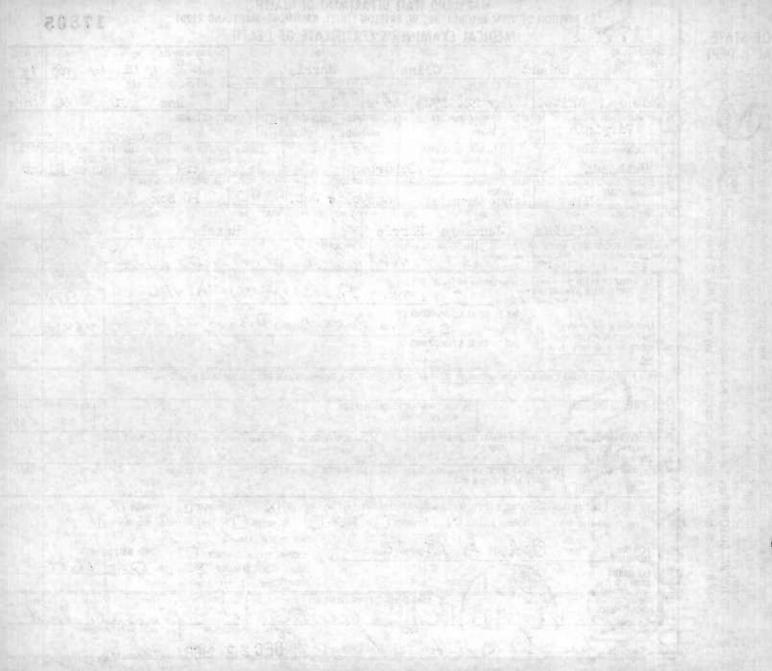
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nours aller	3. SI	Female	4. RACE Caus.		S. DATE OF BIRTH 8/13/189	4	6. AGE (In years last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNCER 24 HRS. HOURS MIN.
	COU	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COU	1 19	ARRIED NEVER MARRIED DOWED DIVORCED		DEATH Montgomer		Md.
90	10. 0	Uneaton	11. NAME OF I	dress)	ION (If not in haspital 12	a. USUAL OCCUPATION pring most of working achine ope	(Kind of work done	12b. KIND OF INDUSTRY	
15	130.	USUAL RESIDENCE (Where deceosission) STATEMaryland	sed lived, if institution: Res	idence before 113c.	CITY OR TOWN 134. INS	IOE CITY LIMITS? 13e. ST	REET AND NUMBER Horton Dr	rive	
1	14.	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN		Middle		Last
	16a	George WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (If yes give v	MED FORCES? 16b. SO	stille CIAL SECURITY NO. -20-1448	17. INFORMANT  B NILLIAM	Theresa HARMUTH	Address Sam	- 1	midt 13
		203 X	D BY: ATE CAUSE (a) DUE TO, OR AŞ A COI	entro.	vasanlen	aeci	lat		MATE INTERVAL DISET AND CEATH
		Conditians, if any, which gove rise to immediate cause (o), stating the <u>underlying cause</u> lost.	(b) DUE TO, OR AS A COI	NSEQUENCE OF	mysten			0 v	year
×	CERTIFICATION	PART 2. OTHER SIGNIFICANT COI	CONDITIONS CONTRIBUTING TO			20b. If	N IN PART 1(a)  YES, WERE FINDINGS (	CONSIDERED IN (	ERTIFYING
X		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Mont	h Day Yeor	YES	NO [		Item 18.)	
	MEDICAL	(If either, natify medical exami 21d. INJURY OCCURRED 21e. While Not while at work at work		, FARM, STREET, FACTORY, UILDING, ETC.	21f. LOCATION Street or R	.F.D. No. City	or Town	County	State
		22a. I certify that (1) (the	is haspital) attended live an e, (1) (we) (did) ( <del>did n</del> e	the deceased for 19 cert) view the bady	m, and that in (my) (ar after death.	, 19 <u>67</u> , ta_ ur) apinian death	occurred an the do	te and have	(I) (we) last and fram the
		22b. SIGNATURE	and are	lon M	Degree ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   22c	DATE SIGNED	1968
1		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS	0 22	LO ZIN.	w Wa	of Oc
	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify) Burial	Dec. 20, 19		Washington	23d. LOCATIO	ON (City or Town)	(Caunty) George	(State)
5	24.	FUNERAL DIRECTOR	lin 5094	ADDRESS	- AD D W 250.	REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	

MAKTLAND STATE DEPAKIMENT OF HEALTH

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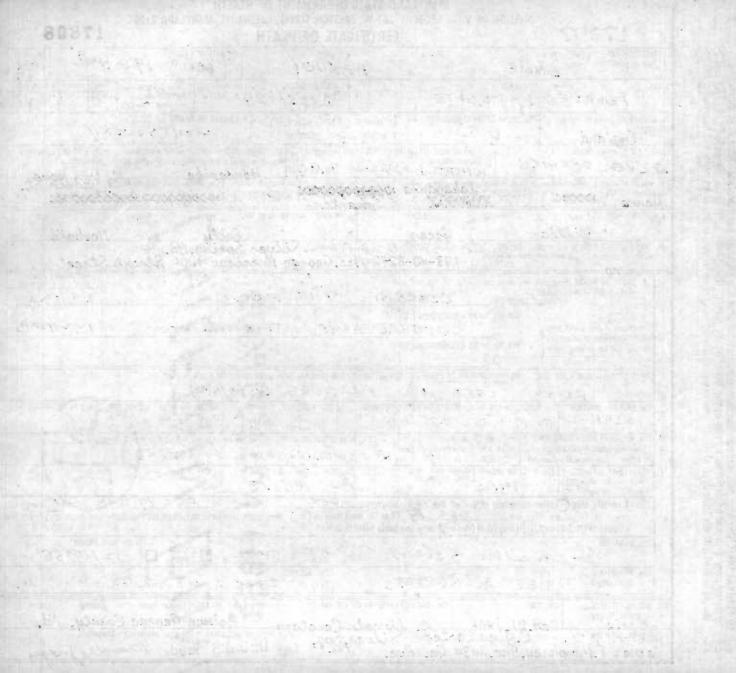
2	M	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  178	306
	leath.	1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Glen Vernon Harrison December 1800y 1900	2b. HOUR
	executed within 24 haurs after death.  Id campletely filled in by the funeral smove carbon papers. Pages 1 and 2 any event, within 72 haurs after death.	3. SEX Male  4. RACE White S. DATE OF BIRTH August 30th 1968ast birthday) VRS. MONTHS 0 MONTHS 0 MONTHS 0 MONTHS 0 MONTHS 0	AR IF UNOER 24 HRS.
•	cecuted within 24 haurs after campletely filled in by the forve carban papers. Pages by event, within 72 haurs after the force of the f	70. BIRTHPLACE (Stote or foreign country) Wash, D.C.  7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED	Md.
	within sely fille ban pa within	Silver Spring give street address) Holy Cross during mast af warking life, even if retired.) INDUSTR	O OF BUSINESS OR
	cuted car car event,	Jacob Montage De Comos De Como	eet
,	e exe se remo d in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Voo	druff
-	tifette in pleas val, an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL Records	
	requires that the death certificate be executed within 24 haurs after death. I physician. Signed by the attending physician campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, crematian, ar removal, and in any event, within 72 haurs after death.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Cardiac Arrest  RETWI	PROXIMATE INTERVAL EEN ONSET AND GEATH
	at the the at nsit pe	Conditions, if any, which gave rise to immediate cause (o),	2 hrs
	equires that the physician. signed by the burial-transit purial, cremating	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF LOSS COULD VILLE VILLE OF LOSS COULD VILLE OF LOSS COULD VILLE OF LOSS COULD VILLE VILLE OF LOSS COULD VILLE VIL	lohrs
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	r The lo	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 from 18.)	N CERTIFYING
	PHYSICIAN: The haspital or attention to the haspital or attentificate has stacked far use a Dept. of Health pr	G (If either, notify medical examiner)    G   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   P.M.   19	
	the has this cedetache	While Not while at work at work	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creations.	22a. I certify that (i) (this hospital) attended the deceased from, 19_6%, to, 19_6%, to	hat (I) ( <del>we</del> ) last our ond from the
	L OR AT be retained by the beautiful of the bulkers	226. SIGNATURE  226. SIGNATURE  ATTENDING  MED.  STAFF  PHYS.  22c. DATE SIGNED  12 - 20	2-68
	Page 4 may O FUNERAL director, page shauld be fig	MAME (Type) To nothan M. Williams MD 808 Tershing Dr. July, of	rine
	TO HO Page TO FU direc		(SMie) Heo Md
87.	VR A15 (4) 30M REV. 1/88	27. FUNERAL PERECURS  ADDRESS WOOD DATE DEC 2 3 1968  ADDRESS WOOD DATE DEC 2 3 1968  PERECURS PROBLEMAN 25b. REGISTRAR'S SIGNATURE DATE DEC 2 3 1968	noge :

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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Ollie CERTIFICATE OF DEATH 17807
	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) 2b. HOUR
	OCCTE JENNINGZ HAKKTZONI 12 08 14 1/2
3	SEX  4. RACE  S. DATE OF BIRTH  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   In under 24 HRS.   I
L	11/4CE 1- 10-00 G8 VRS.
	D. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH OUNTRY?
	VA. WIDOWED DIVORCED TO TO THEY MA
1	TAKOMA PARK  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
1	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER
	ING.   Delisville   11   1421 Poluder IIII Kd
人	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Walter Harrison Cillie Greaves
	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doles of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  Address
1	APPEOXIMATE INTIDVAL
1	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
4	IMMEDIATE CAUSE (a) (Idenocarcinoma of the Distal 12 would
	Conditions, if ony, which gove (b) Lenhopener (b) Lenhopener
	rise to immediate couse (a), (b) Xerri of unit
	last. 1 Due 10, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INDEATH HOT
1	1) Dine Diverse (2) Comphysema (8) shifts in
П	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	1/22/68 Glanocartenana of the YES NO [ CAUSES OF DEATH?
1	(If either notify medical examiner) P.M. 19
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
	nt work — at work —
	22a. I certify that (1) (this haspital) attended the deceased fram November, 19 68, to 2013, 1968, that (1) (we) los saw the deceased alive an 19-3-68 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the
	causes stated abave((I) (we)(did)(did nat) view the bady after death.
	22c, DATE SIGNATURE
	Clan R Degree PHYS. DIRECTOR D STAFF D 12/13/68
	22d. PHYSICIAN'S A Lan R-Gair MD 22e. ADDRESS 3118 Craighawn R. Belts ville, Md
-	3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	REMOVAL (Specify)  Dec 17, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	F. Gasch's Sons Hyattsville, Md. DATE DEC 1 8 1968 Clearles Curses

THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17808 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME 2b. HOUR DEC, Month 19 Doy (Type or print) HARVEY FMMA 4. RACE S. DATE OF BIRTH LE UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years WHITE lost birthdoy) FEMALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MONTGONERY U.S. WIDOWED DIVORCED England 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BIISINESS OR give street oddress)
WHEATON during mast af warking life, even if retired.) INDIISTRY SOLVER SPRING. NURSING HOME 13d. INSIDE CITY LIMITS? 13e. STREE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before cor 13e. STREET AND NUMBER 420 odmission) STATE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lost requires that the death certificate be 17. INFORMANT Silver Spring Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) 193-40-8252 Mrs. George Murrison 1009 Strout Street 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT CEREBRAL THROMBOSIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) CEREBRAL ARTERY ATHEROSCLEROSIS 1-2-4EARY rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FRACTURE (10/19/68 RECENT LEFT 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 10/24/68 CAUSES OF DEATH? PRACTURE LEFT HIP. YES T NO L 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 1B.) 21b. TIME OF INJURY HOUR A.M. Manth Day Year OR CONTRIBUTING CAUSE OF DEATH 1968 SPONTANEOUS FRACTURE (If either, notify medical examiner) P.M. 10 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while of wark 22a. I certify that (1) (this hospital) ottended the deceased from. DEC. , 19.52, to DEC 19, 19.68, that (1) saw the deceased alive on DEC 18 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE Koberts ATTENDING 22e. ADDRESS 22d. PHYSICIAN'S 8907 GEORGIA AVE. SILVER SPRING MD. ROBERTS JAMES. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Prince George County Glen CarterDDRESSSilver 25g. REC'D BY REGISTRAR 1968 1 Charel an E. Pumphrey. Inc. 8434 Ga. Ave.



CONTI OTHER DESCRIPTION OF THE RESIDENCE OF THE PROPERTY OF TH

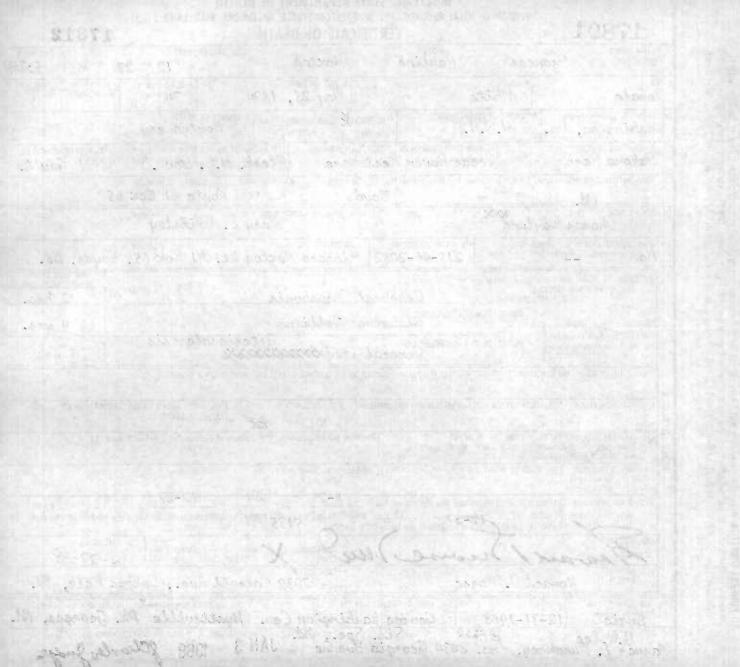
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7810
HEALTH DEPT.		DECEASED-NAME First , Middle , Lost 20 DATE KNOWN   Month	Doy Yeor 2b. HOUR
s o e de	(		2 1968 10 A M
5m6 +	3. S	DEATH MAILED 1 / Z	77 .
		last birthdov) MONTHS DAYS HOURS MUN	Yeor 20 2d. HOUR
2, and PM3.		School Action 12 100 18. Officional	Yeor 19 68 5 5 M
Be B - B -		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORGED 1	
80		Marytalid Montgomery	Mo
deoth with	10. (	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done to during most of working life, even if retired.)	2b. KIND OF BUSINESS OR
		Potomac Falls Poad at Home	at Hom
s ofter 18. Give colong with the death.		D. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13C. CITY UK TOWN 130. INSIDE CITY DMIDS 13e. STREET AND NUMBER	Md
2 de 2 %	0	odmission) STATE Maryland Montgomery Potomac YES NO X Falla Road	Potomac,
hours Item 1 Office I and 2	14, 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 hours nail in Item 1 niner's Office pages 1 and 2 hours ofter		Mason (Ane) Havener Unknown	
hin 24 ncil in niner's poges hours	160.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 264	S. 16th S
within pencil xomine ile pog 72 hou	()		gton. Va
be executed wir "pending" in pe nief Medical Exor ansit permit. File event within 72		note be brones in the	APPROXIMATE INTERVAL
be executed "pending" in iief Medical E insit permit. f event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e execute pending" of Medica sit permit		1 LA 1 2 IMMODIATE CAUSE (0) COFORDER TO TOS OFFICENCY ACUTE	Sodden
f M f W f w		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )	
d be Chie		rise to immediate cause (a) (b)	
word word the Ch riol-tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho e w o th o th in		lost. (c)	
INER: This certificate should be executed within 24 hours ofter e certificate, writing the word "pending" in pencil in Item 18. Gis should be forwarded to the Chief Medical Exominer's Office olong files.  3 should be used as buriol-transit permit. File pages Land 2 with totion, or removal, and in any event within 72 hours ofter death.	50	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica ting arde	N	420/	
wri	ATIC	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fe, fo	CERTIFICATION	WAS PERFORMED?	YES NO
ER: This certificate ould be fees.  es. hould be in or rei		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
errti ould on,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
AM e the our our ige		WHILE NOT WHILE of foctory, office building, etc.)	
ICAL EXAMINER:  e execute the certifor. Page 4 should ed for your files. CTOR: Page 3 shou buriol, cremotion,		220. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry ,	and in my apinion
CAL exe exe or. For TOP Urice			
pleose e director retained or to burner to burner or to b			
director of the original of the original or the original		ACTUAL OL & BOD CHIEF MEDICAL EXAMINER (1) 226 DATE SU	
ry, pleose eral direc be retain RAL DIRE		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE SH	
DEPUTY scessory, e funera moy be FUNERAL eolth pri		EXAMINER'S NAME (Type)  John G Ball  DEPUTY MEDICAL EXAMINER Dec ADDRESS(Street, city, town, or county)	2,1968c
5 = 2 5 E	230	PEMOVAI (Specify)	County) (Stote)
Laboratory of the Control of the Con		Burial 12-5-68 Walkers hapel Cemetery Arlington, V	<i>l</i> irginia
		FUNERAL DIRECTOR 7557 Wisaconsin Ave 250. RECT BY REGISTRAR'S SIG	GNATURE
VR A15ME (5) 10M REV. 1/68	R	Robertta Pumphrey Bethesda, Md DATE DEC 9 1968 IChar	la Judge

1 tem5 FilmG407 12/12/6 MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1781	1
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Doy Yes (Type or Print)	
is to of	Herbert King Hawkins Dec. ? 1	968 7 N
ent P 3 y	3. SEX 4 RACE S, DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
de de	M. Negro. 6-29-1932   ast birthday) MONTHS DAYS HOURS MIN. Mapth Doy 25 Year 194	68. 33 M
Depoi	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	-
De	COUNTRY MARULANID 11, S. A. WIDOWED DIVORCED Montgomery	A4.
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after death  8. Give Pages  Rlang with far  with the State I	Rock ville give street address Stone Street Auduring most of working life, even if retired.) INDUSTRY	NE
5/ # # 18 Gift	1 130. OJOAL KLJIDLIKE (MILES GEGOSED HAGE, II HISHIDHOIL KESIGEILE DEIDIELIAN ON LOUIS	
S after land death.	odmission) STATE Maryland 13b. COUNTY Montgerner Rochille YES NO	
haurs after light 18. Gi	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	PEARRE HAWKING Coyler Kin	0
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WAS A NA	100
d be executed within 24 d 'pending' in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 haurs	(Yes, na, ar unknown) (If yes give war or dotes of service) MRS ERMA L. Sullivan	100
with no per Example File	40000	XIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a))  A DC estation and Maceration & Brain  South	ONSET AND DEATH
ding ding edi edi wi	IMMEDIATE CAUSE (a) ASCETETION COMPANY SOLUTION	de17.
ex f M f M ent ent	Conditions, if ony, which gave )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave )	
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hauld ward the Ch trial-tra	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Sh T	(c)	
nd + + te	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffica iffica ardec	Z 78/ A	
certi, writ arwar arwar used mava	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AU WAS PERFORMED?	TOPSY?
This cate, be ta	E	NO 🗆
E P O	210. EXTERNAL CAUSE WAS PRIMARY FOLOR CONTRIBUTING HOUR A.M. P.M. Dec. 1968  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  Short in Head 22cal quin	
INER: Te certifice should be files. 3 should and institute or institut		
	t = tt	Stote
DEPUTY CICAL EXAMINER: cessary, please execute the certifie funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should early prior to burial, cremation.	AT WORK AT WOR	gentery. M
L EXA ecute Page ar ya R: Pag		in my opinior
ICAL EXPECTOR PAGE of for Page of	death resulted fram: Notural causes , Accident , Suicide , Homicide , Undetermined manner	
please et directar. retained. DIRECTO or ta bur	CHIEF MEDICAL EXAMINER	
please e I director retained	ACTUAL ASSISTANT MEDICAL EYAMINED 22b. DATE SIGNED	
JTY ITY, era be be pri	SIGNATURE MEDICAL CYAMINED TO THE TOTAL TOTAL CYAMINED TO THE TOTAL TOTAL CYAMINED TO THE TOTAL CYAMINED TO TH	1968
DEPU CCESSO E fun may FUNE	EXAMINER'S  NAME (Type)  ADDRESS (Street, city, town, or county)	
o DEPUTY necessary, please the funeral direc 5 may be retain 0 FUNERAL DIRE Health prior ta	23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
F	O REMOVAM (Specify)	· m/
00	13 URING 12-30-68 Drooke Grove Cem LAYIONSVITE MONG	11101
VR A15ME (5)	Robert L. Snowlen Rospvelle Md. DANA! 3 1969 John Jan	der
10M REV. 1/68	Town or showeren I och welle tree, warn o 1989	0

21	17891 DIVISION OF	WARYLAND STATE DEPART VITAL RECORDS, 301 W. PRESTON S CERTIFICATE O	STREET, BALTIMORE, MARYLAND 21	201 17812
death. neral and 2 death.	1. DECEASED-NAME First (Type or print) Grances.	Pauline Haxt	20. DATE OF DEATH Month	Boy Year 2b. Hour 5:35%
af ages	3. SEX Temale 4. RACE Whit		BIRTH 25, 1894 6. AGE (In ye lasty by the	
24 haurs ed it by t pers P	70. BIRTHPLACE (Stote or foreign country) Th. CITIZEN OF W.S.	MIDOMED	ORCED   Montgomer	Nd.
within within bank within		AME OF HOSPITAL OR INSTITUTION (If not in hospito sterled distance Rest Home	120. USUAL OCCUPATION (Kind of wor	k done 12h KIND OF BUSINESS OR
applete carl event,	13o. USUAL RESIDENCE (Where deceosed lived, if institute odmission) STATE 13b. COUNTY	tion: Residence before 13c. CITY OR TOWN  Boyds	13d. INSIDE CITY LIMITS? 13e. STREET AND NUM YES NO Route #1	
D D	14. FATHER'S NAME First Wayland	Lost 15. MOTHER'S	MAIDEN NAME First E. Grinsley	iddle Lost
physician ten please aval, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? YANDO, or unknown) (If yes give wor or dates of service)	16b. SOCIAL SECURITY NO. 17. INFORMANT 215-46-2082 Richar.	d Haxton Rt. #1 Box	dress 65, Boyds, Md.
attending phy permit. Then ian, ar remava	1B. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ne for (o), (b), ond (c).)  Cerebral Throm	havia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atte perr an,		AS A CONSEQUENCE OF Stabetus Mell		4 yrs.
an	rise to immediate couse (o), (b) DUE TO, OR (c) lost.	AS A CONSEQUENCE OF General ized	Arteriosclerosi	
n signed e burial-tr a burial, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART I(0)	
use as the alth priar ta t	196. DATE OF OPERATION 196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED 200. AU	CALICES OF DEATHS	IDINGS CONSIDERED IN CERTIFYING
Fe	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  Office either, notify medical examiner)  21d. INJURY OCCURRED CAUSE OF INJURY  21d. INJURY OCCURRED CAUSE OF INJURY	F INJURY Month Day Year 19	OCCURRED (Enter noture of injury in Port 1 or	Port 2, Item 1B.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY While of work of work	(AT HOME, FARM, STREET, FACTORY.) 21 f. LOCATION St.	reet or R.F.D. No. City or Town	County State
ECIOK: Atter this ce 3 shauld be detache with the State Dept.	22a. I certify that (I) (this haspital) atta saw the deceased alive an causes stated abave, (I) (we) (aid)	ended the deceased fram	, 19 <i>64</i> , ta 12=27 my) (our) apinjan death accurred an	, 19, that (I) (we) last the date and have and fram the
Truge 4 flug be refaired by the hashing at arienting physican.  10 FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre	22b. SIGNASURI			22c. DATE SIGNED
RAL DII	22d. PHYSICIAN'S NAME (Type) Howard J. Mo	22e A		12-27-68 Jakoma Park Md
FUNERAL DIR director, page 3 shauld be filed	230. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Tow	(County) (State)
	24. FUNERAL DIRECTOR	George Washingto ADDRESSIL Spr., 1 8434 Georgia Avenue	050. REC'D BY REGISTRAR 25b. REG	Pr. Georges, Md.  ISTRAR'S SIGNATURE  Cliantes Under



		CERTIFICATE OF DE			1781	3
1. DECEASED-NAME First (Type or print) MARY	Middle	HAYDEN last	2a. DATE OF	DEATH EMBER 20	1968	26. HOUR
3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH June 25		6. AGE (In years last birthday)	IF UNDER 1 YEAR	1:05A IF UNDER 24 HRS HOURS MIN
(duntry) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		1110.		M
10. CITY OR TOWN OF DEATH  Rockville	11. NAME OF HOSPITAL OR IN give street oddress) Potomac Val	ley N.H.	2a. USUAL OCCUPATION uring most of working Housewife	(Kind af wark done life, even if retired.)	12b. KIND OF B INDUSTRY At H	usiness or ome
odmission) STATE	d lived, if institution: Residence before 13b. COUNTY Montg.	Rockville YES	NO□ 257	REET AND NUMBER Congressi	onal Lan	e
14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN		Middle	200	Last
Robert 160. WAS DECEASED EVER IN U.S. ARME	L. Dick ED FORCES? 16b. SOCIAL SECURITY		Elizabeth	Address	M	uir
Yes, na, or unknawn) (It yes give we	or or dates of service)		onden Con		Ma	
18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and (c)	382B Charles Ha	ayden, Son,	ROCKVIIIE	APPROXIMA	ATE INTERVAL
PART 1. DEATH WAS CAUSED	BY: (AUSE (a) Metastati		brain le	line line	BETWEEN ONS	SET ANO DEATH
1560 IMMEDIAN	DUE TO, OR AS A CONSEQUENCE OF	Can oct of ma	, wo sain, m	7 - 7 07	6	
Canditions, if any, which gove	(h) Priman	4 Carin my	Sallle.	0 80.		
nise to immediate cause (a), (	DUE TO, OR AS A CONSEQUENCE OF	0	10	<del>saur</del>		
last.	(c)					THE S
PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVE	IN PART 1(a)		
8 1551						
19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	CALISES	YES, WERE FINDINGS	CONSIDERED IN CER	ETIFYING
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRE			Itam 10 )	
	HOUR A.M. Manth Day Year	21c. HOW HOURT OCCURREN	conter nature of inju	y in Pan 1 or Pan 2,	, Item 18.)	
OR CONTRIBUTING CAUSE OF GEATH  If enther, notify medical examine  21d. Injury occurred  While Not while  at work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	(TORY.) 21f. LOCATION Street or R	.F.D. Na. City	ar Tawn	County	State
22a. I certify that (I) (this	ve an ec. 28	ed from July 14,	, 19.52 , ta	Dec. 29, 19	68 , that (	(I) ( <del>%e</del> ) las
saw the deceased ali	ve an bec. 20, [1] (I) (did nat) view the	900, and that in (my) (6)	ŏr) opinian death o	ccurred on the d	ate and havr a	nd from th
	(1) 1828 (and that) view the	body uner deurn.		220	DATE SIGNED	
22b. SIGNATURE		ATTENDATO	MED.	STAFF PT	2- 29/	968
	Brill m	DEGREE PHYS.	DIRECTOR L	PHYS.	" red	
22b. SIGNATURE  22d. PHYSICIAN S	Brill, m	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	C& 1,1	
22b. SIGNATURE		DEGREE PHYS. 22e. ADDRESS 2601 1	6th St. N.	W. Was	sh. D. C.	20009
22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) WARREN  23a. BURIAL, CREMATION, 23b. DJ.		DEGREE PHYS. 22e. ADDRESS	6th St. N.	PHYS.	Sh. D. C. (County)	20009 (State)
22d. PHYSICIAN'S NAME (Type) WARREN	ATE 23c. NAME OF	DEGREE PHYS. 22e. ADDRESS 2601 1	6th St. N.	W. Was N (City or Town)		

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1	It.	ems 18&22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 15-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	LWOAA
FOR STATE	100	17893 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17814
HEALTH DEPT.	1. D (1	DECEASED-NAME Type or Print)  Standard State  Middle  Lost  20. DATE KNOWN Month Day  OF ESTI-	2
deoth any deloy is ve Pages 1, 2 and Proges 1, 2 and Proges 1 with form Proges 1, 2 and Proges	3. SI	EX 4. RACE 5. DATE OF BIRTH 6. AGE (in years   15 UNDER 14 HRS.   2c. DATE PRONOUNCED DEAD   15 UNDER 14 HRS.   2c. DATE PRONOUNCED DEAD   12 UNDER 14 HRS.   15 UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   12 UNDER 25 UNDER 26 UND	168 65 M Year 19 68 10 3M
orm Proportion	7o. I	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	Md
hours ofter deoth tem 18. Give Pages 1, Office along with form and 2 with the State D.		Clarks burg give street address) during most of working life, even if retired.) INDU	KIND OF BUSINESS OR USTRY
ofter along along with with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Mant Jonney Clarksburg YES NO	
	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Robert Hebron Me/inde	Poune
in centil in Experimers File pages n 72 hours		WAS BECEASED EVER IN U.S. ARMED FORCES? (16 yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  MAdeline Haukins DAMAS	scus mel
		18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ould be executed word "pending" in he Chief Medical E. ial-transit permit. F ony event within	7	IMMEDIATE CAUSE (a) Pencing/ Pulmonary emboli - Acute	1 hr. ?
e e e) pen ef M sit p		Conditions, if any, which gave )  (b)  Myocarditis, Acute & chronic	Weeks ?
should be en word "perion the Chief burial-transit		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	HCCAD.
shouse we have the urial in o		las1. (c)	
s certificate should be executed e, writing the word "pending" is forworded to the Chief Medical used os o burial-transit permit. emoval, ond in ony event within	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate should cate, writing the word be forworded to the Cl be used as a burial-transfer removal, and in any	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
進事 辛 0	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DETAILS THE OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1 P.M. 19	8.)
MIN the 4 sh Ju fill e 3 s	ME		ounty State
Kecu Po for for iol,		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspection 🔀, Inquiry 💢,	and in my apinian
DICAL E	80	death resulted fram: Natural causes 🗷, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲	
JIY DICA please e erol director be retoined RAL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER CONTROL CAN DAYS SOON	IFD.
UTY, Iny, I be r be r prid	9	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (220. DATE SIGN	2/68
o DEPUTY DICA necessary, pleose extra funeral director. 5 may be retained o FUNERAL DIRECTO Health prior to but		NAME (Type)  DEPOTY MEDICAL EXAMINER  ADDRESS(Street, city, lawn, ar county)	~/ 0 8
TO To F	230.	BURIAL (REMATION, 38b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Courselle More 12 - 18 - 1968 Elizah Church Cem. Pooles Ville More	inty) (State) /
VR A15ME (5)	24.	TUNERAL DIRECTOR Showlen Rockvelle Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL DADEC 20 1968 Cliarles	Judge

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12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Marguerite A. Holder December 5 1968 M
within 24 heurs free death by filled in by the funeral and papers. Pages 1 and 2 within 72 haurs after death SR. Reap M.D.	3. SEX  4 RACE  5. DATE OF BIRTH  G. AGE (In yeors leunder 1 year le under 24 Hrs. lost buthdoy)  White  9 amary 5, 1908  VRS.  MONTHS OAYS HOURS MIN
Illed in by thomps to hour hours and the hour houses. Pagin 72 hours	70. BIRTHPLACE (State or foreign country)  75. CITIZEN OF WHAT COUNTRY?  COUNTRY OF DEATH  WIDOWED DIVORCED Montgomery  Md.
vithin 24 ly filled an pape within 7:	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during sport of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY, own home
xecuted within ampletely fille have carbon pony event, within	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Md. 13b. COUNTY Montgomery Dk. Pk. 13d. INSIDE CITY LIMITS? 7411 Hancock Avenue
The second	14. FATHER'S NAME OF EVERY HORONOMY SHE SHAROON SHAROON SHAROON SHE SHAROON SHAROO
ification of please ral, and in	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yorna, or unknown)  (If yos give wor or dotes of service)  16b. SOCIAL SECURITY NO.  Yes Was DECEASED EVER IN U.S. ARMED FORCES? Yes you wor or dotes of service)  17. INFORMANT Henry Holder 13.814 Bosophocas Dr. Rockville M
ATENDING PHYSICIAN: The law requires that the death certifical stained by the hospital ar attending physician.  GTOR: After this certificate has been signed by the attending physkic shauld be detached far use as the burial-transit permit. Then pleat the State Dept. af Health priar ta burial, crematian, ar remaval, an ith the State Dept. at Health priar ta burial, crematian, ar remaval, an	18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise tai mmediate cause (a), stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Page 4 may be retained by the hospital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIBY.  12d. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIBY.  22d. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIBY.
VSICIAN: ospital ar certificate hed for ust, of Health	OR CONTRIBUTING CAUSE OF ORATH (If either, natify medical exominer)  OR CONTRIBUTING CAUSE OF ORATH P.M. Month Day Year 19
DING PHYS I by the hos After this ce I be detache State Dept.	21d. INJURY OCCURRED While Nat while at wark at wark 22 te. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State
TENDIN ined by OR: After auld be	22a. I certify that (I) (this haspital) attended the deceased from
TO HOSPITAL OR ATTENDE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22b. SIGNATURE  22b. SIGNATURE  ATTENDING MED.  DIRECTOR DIRECTOR DECEmber 5, 1968
OSPITA 9 4 may INERAL ctar, pa	22d. PHYSICIAN'S NAME (Type) Ralph 9. Patten 22e. ADDRESS 1407 Woodside Parkway Silver Spring, Md.
TO HI Page TO Fu dire.	230. BURIAL CREMATION, REMBULSION 12-9-1968  231. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery Rockville Montgomery, Md.
VR A 5 74 45M - 17 69	Warner E. Pumphrey Inc. 8434 Ga. Ave. S.S. Md. DATE DEC 12 1968 Clientes Judge

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1 1000	P.D.				
Distribution of	1 200000 -1 1	Called Addition	N. W.		STEEL GIVE

1		17808	DIVISION OF V	ITAL RECORDS,	301 W. PF	RESTON STR	ENT OF HEAL EET, BALTIMOI		21201		
1	It	em 1, birth cer		Div.	ERTIFIC	ATE OF I	DEATH			17819	,
建	1. DE		CHRISTOPH			Last	2a.	DATE OF DEATH			2b. HOUR
E S	(1)	Baby		Box	F	OLSOMB	ACK I	December Mont	th Ogy	Yeor 68	1208 F
S Tel	3. SE.	X	4. RACE			S. DATE OF BIR		6. AGE (	In yeors		IE UNOER 24 HRS
ithin 72 hours afte		Male	Caucasi	an		Novembe	er 30,19	68 last bii	Thday) YRS.	MONTHS DAYS	13 59
hours aft	70. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARR	RIED X 9. CO	UNTY OF DEATH			
7	Be	thesda, Md.	USA		WIDOWED	DIVOR		ontgomery	7		Mc
27	10. C	or town of DEATH  Bethesda	give stre	E OF HOSPITAL OR INS pet address) Nava ]	Hospi	tal	during most of	CUPATION (Kind of warking life, even	work done if retired.)	12b. KIND OF BU	USINESS OR N/A
83	13a. odmi:	USUAL RESIDENCE (Where decease ssion) STATE Maryland	d lived, il institution 13b. COUNTY	: Residence before	13c. CITY OR Manas	TOWN I	AEZ NO	13e. STREET AND			
3	14. F	ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAI	IDEN NAME First		Middle		Lost
		Conrad	Oliver	Holsomb	back		Patrio	cia	Ann	Pat	ten
	16a. Ya	WAS DECEASED EVER IN U.S. ARM	ED FORCES? If or dates of service)	Sb. SOCIAL SECURITY N		FORMANT Conr	ad O. Ho:	lsomback,	Address Ma	nassas,	Va. x Ave.
		18. CAUSE OF DEATH (Enter only	one cause per line	for (a), (b), and (c).)						APPROXIMA	TE INTERVAL
		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a)	Bilater	al ate	lectasi	is associ	ated wit	h prem	aturity	II AND OLAIN
		1169		A CONSEQUENCE OF	Nap Kat				- DI CIII	avarion	
		Canditians, if ony, which gave rise to immediate cause (a),	(b)								
		stoting the underlying couse	1 /	A CONSEQUENCE OF							
		last.	(c)								
		PART 2. OTHER SIGNIFICANT CONI 7625	DITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART	1(a)		
1	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOP:	SY?			NSIDERED IN CER	TIFYING
1	RTIFI					YES 💢	NO 🗀	CAUSES OF DEATH	yes		
	A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	IJURY Month Day Year	21c. HO	W INJURY OCCU	JRRED (Enter natur	re of injury in Part	1 ar Port 2, It	lem 18.)	
	a L	(If either, notily medical examine	er) P.M.	. 19							
		at work at wark	PLACE OF INJURY (AT					City or Town	2	County	State
1		22a. I certify that (1) (this saw the deceased ali	haspital) attend	ded the decease	d from NC	10 30	19 68	to Dec. 2	, 19_	68 , that (	(we) las
		causes stated abave,	1(1) (we) (did) (3(1)	XXXX view the b	adv after d	eath.	) (aur) apinian	aeath accurred	an the dat	e and haur ar	nd tram th
	1	22b. SIGNATURE		LCDR Me	)				22c. D	ATE SIGNED	
		(/2 lan 1	1 total	451	DEGRE	E PHYS.	MED. DIRECTO	R STAFF PHYS.			
1		22d. PHYSICTAN'S NAME (Type) B. J.	Bortz, M	ת		22e. ADDRI			2522	Manulan	đ
-								tal, Beth			
12	Z30.	BURIAL, CREMATION, 23b. D. REMOVAL (Specily) 3	Dec. 196	23c. NAME OF C				LOCATION (City or		(County) Montgo	(State)
-		UNERAL DIRECTOR	200. 190	ADDRESS	Medica	1 School	O 1 IN 1 2So. REC'D BY REGI	MMC, Beth	REGISTRAR'S S		mer y r.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17820 Greek DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Doy 40 MARGHRET HORTON 6 3. SEX 6. AGE (In years 4 RACE S. DATE OF BIRTH IF LINDER 24 HRS SELINGER 1 YEAR within 72 hours after last birthday) MONTHS HOURS W bita temple 11-6-8 YRS 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Browns bus USA WIDOWED V DIVORCED [ INDIANA filled i MONTGOMERY 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, evend retired.) INDUSTRY SILVER SPRING give street address) CONV CENTER CHEVY CHASE 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Colesville Road remove MONTGOMER MD exe 6 buriol, cremation, or removal, and in ony 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Middle Lost ond requires that the deoth certificate be PETER Dugan MARGINET GREEL attending physicion opermit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or poknown) (If yes give war or dates of service) 57-60-6719T 18. CAUSE OF DEATH (Enter only one cause per line fee (a), (b), and (c) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) signed by the buriol-tronsit p Conditions, if any which gove ) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse: lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to k FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X be detached far use State Dept. of Heolth 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark OR ATTENDING 220. I certify that (1) (this hospital) attended the deceased from 2000. \_1968, and that in (1944) opinion death occurred on the date and hour and from the saw the deceased olive an\_ Dec 8 director, page 3 should should be filed with the causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURS 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMONAL (Specify) 9 12 8 196 ZLADDRESSOTAIA HUENNE 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Pumphrey. Silver Spring, DATEDEC 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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/ 1 1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		7821
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month D	
of G as is	(Type or Print) Charles E. HOWELL DEATH MATROXXDec. 8	
200 30	3 SEX 4 RACE S DATE OF RIGHTH 6. AGE (In years ) IF UNDER 1 YEAR   IF UNDER 24 HRS. 27 DATE PRONOLINGED DEAD	3 19 68 1000# 2d. HOUR
2, and 3 to	Male Cauc Aug. 31,1943 25 yrs. MONTHS DAYS HOURS MIN. Month Dec. Doy 8	Yeor 19 68 100m
J. 2, 1	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	
form form	wildwid wildwid Montgomery	Md
24 haurs after death in Item 18. Give Pages I, r's Office along with farm I and 2 with the State De after death.	Bethesda give Wat Pass Hospital during most of working life, even if retired.) IN	b. KIND OF BUSINESS OR DUSTRY
s after 18. Gi 18. Gi alang 2 with death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Texas 13b. COUNTY Houston YES NO 1602 Antonine	
118 ce a ce a de r de	100Z AUGUITUC	Street
I haurs Item 1 Office 1 and 2 after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  E. V. Howell Vernice Estelle	Lost
7. i.i. 2.		Hearn
This certificate shauld be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. File page ir remayal, and in any event withir	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were or dates of service) (If yes give were or dates or	ST XAS
al E	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  Cerebral lacerations accoming the military production of the control of the contr	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" is nief Medikal ansit permit.	IMMEDIATE CAUSE (o) OCCIONAL LACCELACTIONS ASSOCIACED WICH MULTIPLE	
e expendence if M	8 6 / DUE TO, OR AS A CONSEQUENCE OF Skull fractures	
d be d 'l Chie Chie	rise to immediate cause (a). (b)	
would would he the rial-	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate she at the ed to sa bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate she certificate, writing the should be farwarded to files.  3 shauld be used as a bu natian, ar remaval, and ir	8254	
nis certific ite, writin e farward oe used as remaval,	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME OF INJURY, Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	20. AUTOPSY?
his cate, rem	WAS PERFORMED?	YES NO
14 T P 0		18.)
INER: The certification is should be files.  3 should a should indian, or	CAUSE OF DEATH P.M. Dec 119 68 Passings in Ces. went and of Continue	-e
	forten all the half and the hal	County Stote
L EXA	AT WORK AT WORK X Street 4 or 5 miles south Fredricksburg	
please execute the cert director. Page 4 should retained for your files.  DIRECTOR: Page 3 should ar to buriol, cremation,	22a. I certify that I took charge of the remains described above, held an Autapsy 💢 Inspection 🔟, Inquiry 🔀	_
director.	deoth resulted from: Natural couses 🔲 , Accident 💢 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
dire etai	ACTUAL () & B- CHIEF MEDICAL EXAMINER () 234 DATE SU	
JTY DIC.	SIGNATURE	
O DEPUTY SOLDAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINER'S John G. Ball, M. D. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	1900
TO D The The Hea	22 RIDIAL OFMATION 22h DATE / 22. NAME OF CEMETED OF CREMATORY 224 LOCATION (Ch. of Town)	ounty) (Stote)
	Woodlawn Cemetery Houston	Texas
	24. TUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
VR A15ME (5) 10M REV. 1/68	1400 Chapin St., N. W. Washington, D. C. DATE DEC 20 1968 Achard	as forder

75. 5.	1			NO STATE DEPARTMENT OF		
_1		17989	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		17000
	100	CLACED HAME	M LH			17822
Pages I and 2 hours after death.	1. 0	CEASED-NAME First  Ype or print)  Ma. Made	Middle	Lost	20. DATE OF DEATH  Month  Doy	G8 Yeor 8:40 A.M
	3. SI	Mrs. Made	Id. RACE	HOWELL	12 24	68 8:40 AM
3	3. 31		4. KALE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	70	TO DIDTUDI ACE (Canto or foreign 17	b. CITIZEN OF WHAT COUNTRY?	10-15-11	9. COUNTY OF DEATH	
		try) a .		8. MARRIED NEVER MARRIED		
	10.	TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED NSTITUTION (If not in hospital 120. U	Montgomery SUAL OCCUPATION (Kind of work done	Md.
	-	· 0 . A	give street oddress)	NSTITUTION (IT not in Rospital 120. 0	most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
1		USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	enitarium Hospital	TY LIMITS? 130. STREET AND NUMBER	
16	odm	ssion) STATE Maryland	13b. COUNTY VINCE GEORGE	the state of the same of the s	NO□ 13233 Gree	en mount aix.
0	14.	ATHER'S NAME First	Middle Los	1s. MOTHER'S MAIDEN NAMI		Lost
2			- HIXER		- That King	ind :-
		WAS DECEASED EVER IN U.S. ARMEI	and deduced and dead	000	Address	
	L	es, no, or unknown) (If yes give wor	G61-07-	5313 Chut		
		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b) and (	().)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE		ubone I wo	reboses	
/		4330	DUE TO, OR AS A CONSEQUENCE O	F . 0	. /	,
		Conditions, if ony, which gove rise to immediate couse (o),	(b) Rype	Mensue Cereb	no Varentar des	soci
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE C	F		
	1	lost.	(1) atter	willroses of	wherelyed	
		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	DRECONDITION GIVEN (N PART 1(o)	
	NO	302X			Look is yes turns supplied con	OHER FORE THE SERVICE OF THE SERVICE
1	CERTIFICATION	196. DATE OF OPERATION 196. CO	INDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO	UNSIDERED IN CERTIFYING
	ERT	21o. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	YES NO	nter noture of injury in Port 1 or Port 2, 1	h 10 \
		OR CONTRIBUTING CAUSE OF OFATH	HOUR A.M. Month Doy Yes		nter noture of injury in Port 1 or Port 2, 1	16m 18.)
	MEDICAL	(If either, notify medical examine		FACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County Stote
		While Not while	ACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211. LOCATION Sifeer of K.F.D.	No. City of Town	County
			hospital) attended the decer	sed from 146-17 19	68 to 24 cle 19	that (I) (we) last
		saw the deceased aliv	e on 23 dec	19 65, and that in (my) (get)	ppinion deoth occurred on the da	te and hour and fram the
		causes stated abave,	(I) (we) (did) (did not) view th	e body ofter death.		2,677 (072 (73)
	12	22b. SIGNATURE	Pan t	ATTENDING [7]	MED. STAFF 22c. [	DATE SIGNED
	-	on a w	ar Jugaray	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 24	fDec 68
1		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
-	22	BURIAL CREMATION, 236 P	HE 23c. NAME &	F CEMETERY OR CREMATORY	1 23d. LOCATION (City or Town)	(County)// (Stote)
	230	REMOVAL (Specify)	ec 21-196	T CEMETERY OK CKEMATOKT	A. LUCATION TONY OF TOWN	(51019)
	24	FUNERAL DIRECTOR	ADDRE	SS 250. REC'I	D BY REGISTRAN 2Sb. REGISTRAN'S	SIGNATURE
68	H	protect It	HEN DIV Bak	AND TO DATE OF	de con and	rles Judge
	1	I II	1 9 49 6707			

BOOK TO DECIMAL SERVICES AND SERVICES AND SERVICES.

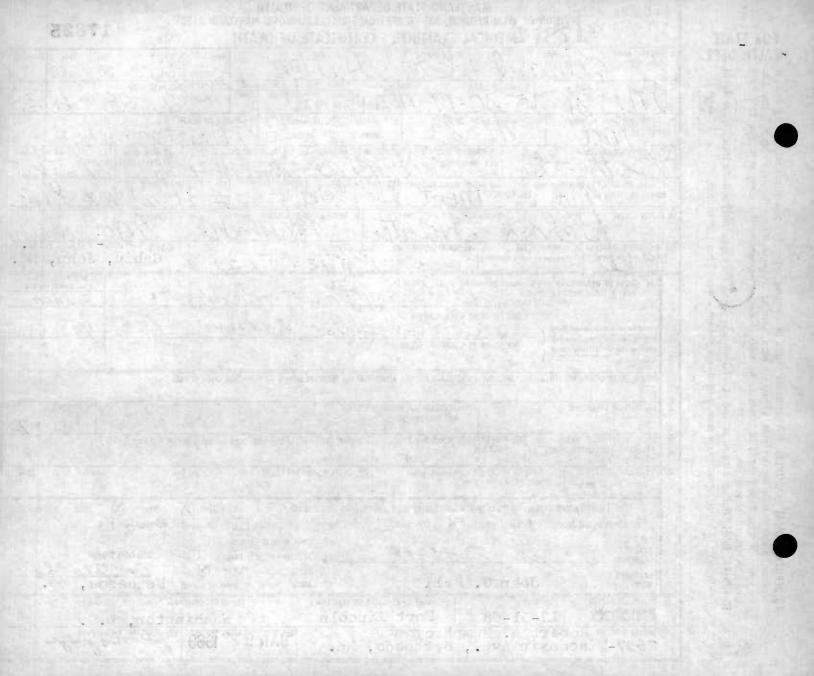
1 1		tem8 FilmGlo8 MARYLAND STATE DEPARTMENT OF HEALTH Item1] FilmGlo8 1/13/69 kl/6/69 kk Item8 Preston Street Baltimore, Maryland 21201	k
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	}
HEALTH DEPT.		(Type or Print) OF ESTI- 12 20 691	26. HOUR
y delay is 7, and 3 to PM3. Page	3. S	P. CO. Maria	2d. Hour 734
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8S MARRIED - NEVER MARRIED - 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED	M
haurs after death Item 18. Give Pages 1, Office alang with farm I and 2 with the State De	1	CITY OF TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)  12. INDUSTRY  INDUSTRY	SS OR
18. Give alang 2 with death.	0	SUSUAL RESIDENCE (Where deceased lived, if institution: Residence before lac. CITY OR TOWN odmission) STATE 136. COUNTY font. Theaton YES No 136. STREET AND NUMBER 15901 Georgia Ave.	
		FATHER'S NAME Hartford Middle Hubbard 15. MOTHER'S MAIDEN NAME First Made (?) Lost	
within 24 In pencil in It Exominer's C		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  229-34-6233 Joel D. Hubbard 11721 Valley R. Fairly  229-34-6233 Joel D. Hubbard 11721 Valley R. Fairly	ax A
ecuted in edical Exercised		APPROXIMATE INTI- BETWEEN ONSET AND PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a)  Conflagration burns, 2nd and 3rd degree,	
X P & C +	Ö	958 MMEDIATE (AUSE (a) CONTINUE TO BUTTIS, 2nd and 31d degree,	
d be exective the following th		(onditions, if any, which gove rise to immediate cause (a).  (b) entire body, self-inflicted	
war war the rrial-		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate g th ed t and	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
G 5 /	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES	NO 🗌
# p = 0	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 6: HOUR A.M. 12-30 1968 CAUSE OF DEATH  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 6: HOUR A.M. 12-30 1968 CAUSE OF DEATH  210. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in Part 1 or Port 2, Item 18) CAUSE OF DEATH	f
EXAMINER: ecute the cert Poge 4 shauld ar your files. R: Page 3 shauld, crematian,	ME	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  Farm  21f. LOCATION Street ar R.F.D. No. (ity or Town County Silver Spring Montgomery Md.)	State •
1 8 4 5 6 5 F		22a. I certify that I taak charge af the remains described above, held an Autopsy Inspection , Inquiry , and in my death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	apinian
ITY DIC, ry, please e eral director be retained RAL DIRECT priar ta bu		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (1) ASSISTANT MEDICAL EXAMINER (22b. DATE SIGNED	
DEPL cessa e fun may FUNE		SIGNATURE  EXAMINER'S NAME (Type)  Belden R. Rean, 10  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEC, 31/9  DEC, 31/9	68
10 the 5 10 He	230	23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State Removal (Specify) - Lemelion December 31 Ft. Lines Lu Cometery (Bitelows pure Rd. Revielles. Mr.	e)
VR A15ME (S)	24.	Auneral Director  Arthur Wellersby Haley & Hearroll Stand 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Judge.	4

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1					TAKIMENI UT NEAI		
1		17813	DIVISION OF VITAL RECOR		E OF DEATH	RE, MARTLAND 21201	17824
root 2 agth.		CEASED-NAME First Pank	- 2 Middle	Hunger	Lost / 2a	. DATE OF DEATH Manth Day	2b. HOUR
after de the form ages La	3. SE		4. RACE White		PATE OF BIRTH	6. AGE (In years last birthday) VRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
in by ers. Pour	70. I	BIRTHPLACE (State or foreign arry)  Mebraska	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X N	NEVER MARRIED 9. CO	Montagener	us Md.
vithin 24 sly filled ban pap within 7	10. (	ITY OR TOWN OF DEATH Selver Spring	11. NAME OF HOSPITAL O		hospital 120, USUAL OC	CUPATION (Kind of work done working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
omplete sve corb event,	13a. adm	USUAL RESIDENCE (Where decession) STATE	ed lived, if institution: Residence bef	ord 13c. CITY OR TOW	VN 13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 515 Thank	r are.
be exe	14. 1	ATHER'S NAME First		rgerford	OTHER'S MAIDEN NAME First Ada	Middle C.	Lost
tificate hysicial n pleas val, and	16a. Y	WAS DECEASED EVER IN U.S. ARA est go or unknown) (1976 ever	AED FORCES?  or or dates of service)  16b. SOCIAL SECUR  183 3 - 48		MANT Cecile Hunge	rford 515 The	Sil.Sper.Md ayer Avenue
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after-death	N	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE  (b) a ) Pulmon  DUE TO, OR AS A CONSEQUENCE	of fronta ary embo of of lef n of rig	a Multiple lism e comp t pulm.arte		ion honths
The laver attending to the second	CERTIFICATION	12 20 68	CONDITION FOR WHICH OPERATION WA		20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
sician: pital ar prificate ad far u	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	HOUR A.M. Manth Day (ner) P.M.	'ear 19		re af injury in Part 1 or Part 2, I	
S PHYS the hos this ce detache e Dept.	ME	While Nat while at wark			ON Street or R.F.D. Na.	City or Town	County Stote
TENDING Nined by OR: After auld be auld be		causes stated abave	is hospital), attended the deco live an <u>12 (27)</u> e, (I) ( <del>we) (</del> did) ( <del>did ne</del> t) view t	eased fram 1965, and the the bady after deat	at in (my) <del>(our) o</del> pinian h.	, ta <u>/2/28</u> , 19 <u>e</u> death accurred an the da	, that (I) ( <del>we)</del> last te and haur and fram the
Page 4 may be retained by the hospital ar for FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Health		22d. PHYSICIAN'S NAME (Type) G . I.e.	ennard Gold, N	DEGREE	ATTENDING PHYS.  22- ADDRESS Georg	or STAFF 22c. I	DATE SIGNED 2/28/68 . , Md . 20902
TO HOS Page 4 To FUNI directo	B		2-1969 Ceda	OF CEMETERY OR CREME	netery/.	Mt. Morris, Pe	(County) (State) ennsylvania
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR W! Lee	flittle ADDI	RESS Sil. Spr.	Ave. DATE AN 3	gistrar 25b. REGISTRAR'S	SIGNATURE

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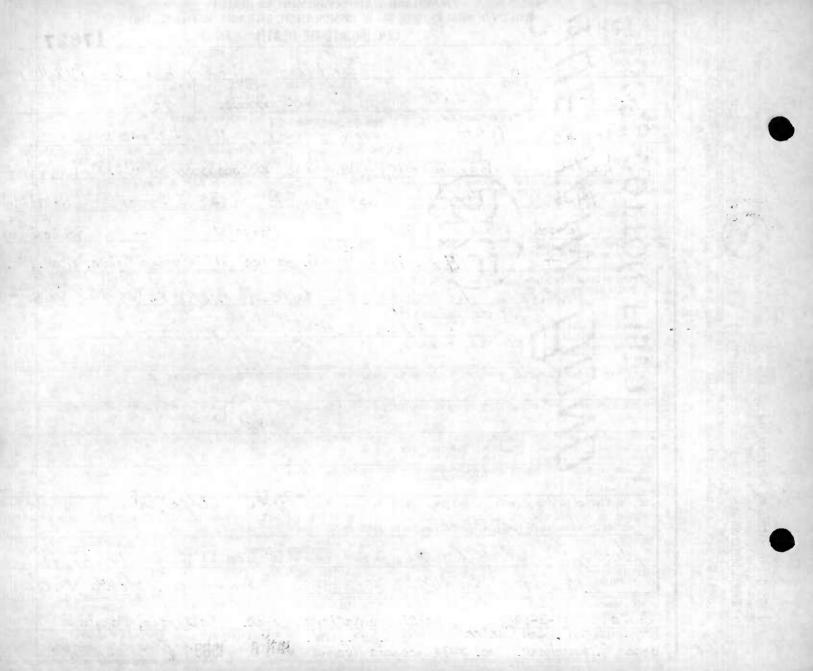
×1	1	Item2a FilmGlo8 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  15/69 kk 12/02 AARDICAL EVANALUEDIS CERTIFICATE OF DEATH							
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17825						
HEALTH DEPT.		DECEASED-NAME OF First O Middley / Lost / 20. DATE KNOWN Month D	y Yeor 2b. HOUR						
is age age		Type or Print) Gaward Scott Hunter DEATH MATED 12 28	- 11						
any delay is 2, and 3 ta PM3. Page	3. 5	4. RACE 5. DATE OF BIRTH 6. AGE (In years of hours of hou	Year 1968 3PM						
- H - G	70. BIRTHPLACE (Stole of Toreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED								
ages h for h for	100		2b. KIND OF BUSINESS OR						
de Purithe S		DE MESCUL MUSICAL SUT Sheet-Metal Noter	S. Grut.						
hours after death Item 18. Give Pages 1, Office along with form 1 and 2 with the State D	13°o.	USUAL RESIDENCE Pybere deceosed lived, if institution: Residence before 13 CTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NYMBER Admission) STATE 13b. COUNTY Nont. STATE 13b. COUNTY NONT.	of Lane						
24 hour in Item er's Office les land urs after	14. [	FATHER'S NAME First Middle Hunter 15. MOTHER'S MAIDEN NAME first Middle	CAMIN)						
hin pag hou		WAS DECEASED EVER IN U.S. ARMED FORCES?  (ex. 76, orlunknown)  (if yes give war or doles of service)  (if yes give war or doles of service)  (if yes give war or doles of service)	John, Md.						
ling" in per edjert Son mit. File		14. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH						
with the second		PART I. DEATH WAS CAUSED BY. Coronary Insufficiency Acute.	Suddem.						
be execute "pending" nief Medicat ansit permit		Conditions, if only, which gove )  (b) Cardio Vascular Disease.	46218						
auld b ward " he Chii ial-trar any e	100	ise to immediate couse (a), (b) (b) (b) (c) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	70214						
shauld be e ne ward "per a the Chief! burial-transit		last. (c)							
ficate ing th rded to as a b as a b	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
This certificate shauld ficate, writing the ward be forwarded ta the Cl do used as a burial-tr or remayal, and in any	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO NO						
<b>生力 聖</b> 0	MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M.  210. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M.  211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item P.M.	18.)						
	MED		County Stote						
ICAL EX e execut tor. Pag ed far y cTOR: Po burial, o		22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry	and in my apinian						
SICAL se exe ctor. P ned fa ECTOR		death resulted fram: Natural causes 📜, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌							
EPUTY DICAL EXAM ssary, please execute th funeral director. Page 4 ay be retained far yaur NERAL DIRECTOR: Page Ith prior to burial, crem		ACTUAL SIGNATURE SIGNATURE ADD. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED						
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type)  John G. Ball  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  Bethese	28.1968. da, Md.						
TO DI the the S m TO FU	230	REMOVAL (Specifical Towns Town	County) (Stote)						
$\infty$	24.	FUNERAL DIRECTOR Robert A. Pumphreyddress   254, RECO BY REGISTRAR OF 256/PREGISTRAR SEGIO	G. G. GNATURE						
YR 015W (5)	15	7557-Wisconsin Ave., Bethesda, Md. DAN 9 1969	100						



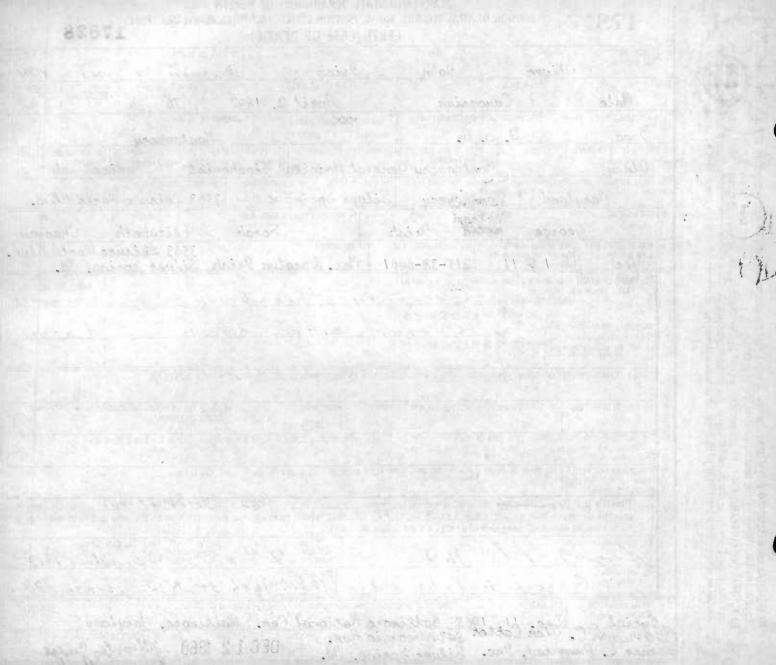
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17826 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME Middle First 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-Hopkins Hurley Joseph 1968 2:461 OFATH MATED Dec deloy and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS. 2c. DATE PRONOUNCEO DEAD 2d. HOUR pup Dec Yeor 2-22-01 White Male MARRIEO PANEVER MARRIEO 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form Virginia USA WIDOWED [ DIVORCED [ Montgomery Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR W dung wester working life, even if retired.) givWashdsan & Hospital INDUSTRY Takoma Park 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Takoma Pk 26 Philadelphia Ave odmission Maryland 13b. PHHtgomerv YES NO T Office and 2 in Item 1 after Lost 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Peter Hurley Ellen the Chief Medicol Exominer's pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes, no, or unknown) (If yes give war or dates of service) wife File APPROXIMATE INTERVAL be executed within IB. CAUSE OF DEATH (Enter only one couse per ling for Ja), (b), and (c) permit. BETWEEN ONSET AND DEATH pending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 forwarded to puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [ pe should be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremotion, EXAMINER: P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE pleose execute buriol, 22a. I certify that I took charge of the remains described above, beld an Autopsy Inspection and in my apinian death resulted from Natural causes Accident Suicide Hamicide Undetermined manner Health prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE MOV EXAMINER'S NAME (Type 0 BURIAL CREMATION 23d. LOCATION (City or Town (County) 24. FUNERAL DIRECTOR BY REGISTRAR VR A15ME (5) 10M REV. 1/68

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116		A 2422 2 50	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	
17		17816			ERTIFICATE OF DEATH		17827
# - 5 +		ECEASED-NAME First	1	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
dea	L	(ARO	IYN	R.	IRish	DECEMBER	28 1968 11 P.M
s after the fu oges 1	3. S	* Female	04. RACE	Lite	S. DATE OF BIRTH Feb. 5	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
1 in by ers. Prour		BIRTHPLACE (Stote or foreign ntry) Chicago, 200	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	ERU Md
xecuted within 24 hours after death.  I completely filled in by the funeral move carbon papers. Pages 1 and 2 iny event, within 72 hours after death.	10.	CITY OR TOWN OF BEATH  ROCK VILLE		ME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work don mast of working life, even if retired	e 128. HIND OF BUSINESS OR
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Duy you	14.	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		EISUKE NOKIODIVA
a la si	Е	Edwar				rgaret	Schiesbury
ond ond	160	. WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY N	O. ALANFORMANT	Address	Scinesonay
physon physon polyson		(es, no or unknawn) (If yes give	war or dates of service)	579-22-9	163 John G. Farle	ee 3114 Spring [	rive, Alex., la.
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aw ading been the ar to	NOIL	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	FORMED 200, AUTOPSY?	TOOL IS VES WEDS SMIDNES	CONSIDERED IN CERTIFYING
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ICIAN: pital or rrificate id far u of Heoli	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIF  ☐ OR CONTRIBUTING ☐ CAUSE OF OEA  (If either, natify medical exami	TH HOUR A.M.	INJURY Month Day Year 19	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Port 1 or Port 5	2, Item 18.)
DING PHYSICIAI I by the hospital After this certifica be detoched far Stote Dept. of He	W	While Nat while at work	(	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	10/10/1	la. City or Town	County State
ATTENDING stoined by CTOR: After should be ith the Stot		22a. I certify that (I) (the saw the deceased a couses stated above	live on the	12-1160	and that in (my) (our) or	pinion death accurred on the	9, that (I) (we) last date and hour and fram the
OR ATTENI be retoined SIRECTOR: A e 3 should ed with the		22b. SIGNATURE	Here	us hu	ATTENDING -	MED. STAFF DIRECTOR PHYS. D	c. DATE SIGNED
Pood Pood Fill		22d. PHYSICIAN'S HEN	Ry C.	SERUGGS	22e. ADDRESS	dar Lane Beth	lesda md.
O HOSPII Page 4 m O FUNER, director, should b	230.	BURIAL, CREMATION, 23b. REMOVAL-(Speaify)	DATE 2-1969		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5-5	21	ECHIPERIL DIRECTOR FOR C. G.	len Carte		core National Ceme		Maryland ES_SIGNATURE
YR OXIS (A)	1	The state of the				6 1969 Jelian	les Judge



	1	a Augus a Al		D STATE DEPARTMENT OF		
13-11		17817	DIVISION OF VITAL RECORDS,			7828
				CERTIFICATE OF DEATI	H	1040
£ 25£		ECEASED-NAME First Type or print)	Middle	Last	20. DATE OF DEATH	2b. HOUR
deoth gend death		Oliv		Irish	Pecember 7 Doy	1968 8:45/M
Ē 1 Ē 1 Ē	3. 9		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
S		Male	Caucasian	April 2,	1892 last birthday) YRS.	MONTHS DAYS HOURS MIN
hour hour hour hour	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		BIRTHPLACE (State or foreign ntry)  Owa  CITY OF TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED	Montaomeru	Md.
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omplete event,	130	USUAL RESIDENCE (Where deceos issian) STATE Maryland	ed lived, if institution: Residence befare	13c. CITY OR TOWN 13d. INSIDE CO		
ove vev			13b. COUNTY ontgomery	Silver Spring	NO 3563 Leisure	World Bled.
and ge exe	14.	FATHER'S NAME First	Biddletram Last	IS. MOTHER'S MAIDEN NAM		Last
20:=		George			urah Elizabeth	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciol director, page 3 shauld be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. af Health prior ta burial, cremation, or removal, onc	-	0 60,	1		16 th St., N.W.	Wash., y.C.
O HOSPI Poge 4 r D FUNER director,	23a	BURIAL, CREMATION, 23b. D. BEMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  178	31
rdeoth.	DECEASED-NAME First Middle Lost 20 DATE OF DEATH  (Type or print)  Bennend L. Vohnson December 197 Med	2b. HOUR
s atterna	SEX , 4. RACE / F SEX   5. DATE OF BIRTH   6. AGE (In years ) If under 1 YE	AR IF UNDER 24 HRS. AYS HOURS MIN.
/2 h	a. BIRTHPLACE (Signe or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH / WIDOWED DIVORCED   Scont govern Con	nteg m
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13 30 30 14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN MOUT 13d. ASSISTE CITY CHMISS? 13e. STREET AND NUMBER OF THE STREET AND NUMBE	
14	4. FATHER'S WAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
10	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  (If yes give wor or dotes of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address	
	18. CAUSE OF DEATH (Enter only one couse per line tor)(a), (b), ond (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  South of present and pres	PROXIMATE INTERVAL EEN ONSET AND DEATH
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	226. SIGNATURE ATTENDING PHYS. STAFF DIRECTOR DI	0/62
1	22d. PHYSICIAN'S	ONNO
23	BORDAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  BROWAL (Specify), 12-121-68 GATES OF HEAVEN ASPEN Hill Monto	(Stote) Md.
1	24. FINITAL DIRECTOR  250. RECD BY REGISTRAR 1968 R	Judge

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  17832	
ath.	CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOL	R
r death uneral and er death	Pleanore) Ella(Eleanor) M. Johnson Dec. 1 Day 19968 3:201	M (
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by Affer be Stat	22a. I certify that (I) (this haspital) attended the deceased fram 19, 19	ast
red the	causes stoted above. (1) (we) (did) (did not) view the body after death	ine
A Special Spec	22b. SIGNATURE 22c. DATE SIGNED	
OR ATTENE be retained DIRECTOR: A Pe 3 shauld ed with the	ATTENDING MED. STAFF	
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TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		=
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH		833
HEALTH DEPT. ∴ ₽ % ७		DECEASED-NAME First Middle Last (Type or Print) ROBERT DANTEL JONES	2a. DATE KNOWN Manth DO OF ESTI- DEATH MATED 12-1	1 -10
		SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 17 YEAR IF UNDER 24 HRS.  DATE OF BIRTH 6. AGE (In years IF UNDER 17 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD  Manth 12  Day  1	Year 19 68 54 M
Par Par	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTRY)	UNTY OF DEATH	- 1900 O A N
haurs after death  fem 18. Give Pages 1,  Office along with farm and 2 with the State De		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol division most		b. KIND OF BUSINESS OR DUSTRY
s after death 18. Give Pag along with with the Stg death.	130.	Silver Spring  OUSUAL RESIDENCE (Where deceosed lived, if institution: Residence before lac. CITY OR TOWN odmission) STATE Md. 13b. COUNTY Mont. \$.S.	13e. STREET AND NUMBER	
haurs free of the defice of the deficiency of the defici		FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First		
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within 84 ventil in vaminers sile pages 72 hours		o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 298-05-8746  17. INFORMANT Hercelia Jones.	ADDRESS 2029 Hanover St.	. S.S. Md.
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TY DICA y, please e red director se retained (AL DIRECT priar to bu		deoth resulted from: Natural causes , Accident , Suicide , Homicide CHIEF MEDICAL EXAMIN		
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER:  EXAMINER:  DEPUTY MEDICAL EXAM	INER A DIST	7 /9/9
O DEPUTY necessary, the funera 5 may be O FUNERA	230	NAME (Type) SELDEN 23c. NAME OF CEMETERY OR CREMATORY 23c.		ounty) (Stote)
A.		REMOVAL (Specify)  Burial  12-4-1968  Gate of Heaven Cemetery  4. FUNERAL DIRECTOR M. O. 1. D. ADDRESS: 1. S. M. 250, PECD BY RE	Silver Spring	
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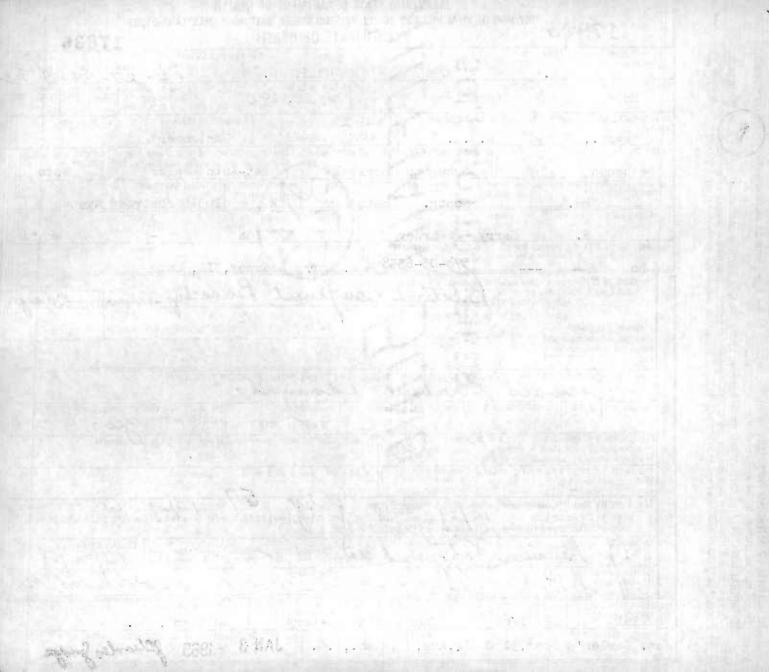
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17835 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle last 20 DATE KNOWNETT Month Year (Type or Print) ESTI-Solomon Kaufman 3 to Page 12:25 at DEATH MATED delay the State Department IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR P. and 71-3-96 19 68 Month 12 Doy 8 male white Year 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm countrAnssia USA Montgomery WIDOWED X DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR ng with INDUSTRY SHOEW give street/address) San & Hospital Takoma Park death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) TSTATE T and 415 Silver SpringAve 13b. FOUNTY comerv Silver Spring YES NO 0 after Hem 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Lost WolfKaufman Diane XXXXX -4 shauld be farwarded to the Chief Medical Examiner's pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. HUGORMANTANNYE LEIBOWITZ. COPPS SPRING PLAZA (Yes, po grunknown) (If yes give year or dates of service) RUSPRING ST (1) (1) File APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH within . be executed 18. CAUSE OF DEATH (Enter only one cause per line for 6 permit. "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (o), dny certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removal CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [ pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State WHILE AT WORK AT WORK factory, office building, etc.) 22a. I certify that I toak charge of the remains described above held an Autapsy Inspection Inquiry. and in my opinion directar. Natural causes Accident death resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY WEDICAL EXAMINER **EXAMINER'S** ealth NAME (Type) 23c. NAME OF CEMETERY OR EREMATORY 0 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) 12-10-68 HAR ZION TIFERETH ISRAEL ROSEDALE MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 VR A15ME & BROS. . 6010 REISTERSTOWN ROAD 10M REV. 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7836 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) HARRY KEARNEY, JR. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR Male Caucasian May 20, 1903 lost birthdoy) MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 📉 NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. WIDOWED [ DIVORCED Wash. DC Montgomery ond in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.)

Ret-Auto Dealer remove corbon campletely Bethesda Suburban Hospital Auto 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES W NO [ Bethesda 0315 Montrose Avenue Montg 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Last Ida Awkard Harry Kearney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) buriol, cremation, or removal, 578-05-6358 Harry Kearney III. Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per im for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) signed by the buriol-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SUNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) for use as the t hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or atte CAUSES OF DEATH? YES V this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Pout, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detoched for State Dept. of H (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark TO FUNERAL DIRECTOR: After 220. I certify that (I) (this hespital) attended the deceased from sow the deceased alive an 1964, and that in (1961) (our) opinion deoth accurred on the date and hour and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (ald not) view the body after death. ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e\_ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial Specify) 12/31/68 Cedra Hill Cemetery Suitland. Md. 24. FUNERAL DIRECTOR **ADDRESS** REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Jos. Gawler's Sons, 5130 Wis. Ave. NW, Wash., D.C.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7837 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN TX Month Day Year delay 1, nd 3 ta (Type or Print) ESTI-12-68 HOWARD B:30P WITITIAM DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 56 Male White 9-1-12 B: 30 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form WIDOWED DIVORCED Pages Maryland United States Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Montgomery during most of working life, even if retired.) **INDUSTRY** General Hospital Onev Electrician Electrical 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER in Item 18. Monrovia the certificate, writing the ward "pending" in pencil in Item 1 4 shauld be farwarded to the Chief Medical Examiner's Office after and 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Turner Keith Fannie Burdette pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) 214-18-5768 Admission Recd, Montgomery Gen. Hospital, Olney File VELSK APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (st. be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (6) event DUE TO, OR, AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a). any shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= removal, and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 0 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town State County factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that Rook charge of the remains described above, held an Autapsy , Inquiry Inspection and in my opinian directar. Natural causes death resulted from Accident / Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER priar ACTUAL FUNERAL I 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPHTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health ABDRESS (State) Lity, Jawn, or county) NAME (Type) 230. BURIAL, CREMATION 23h DATE OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (COURTY) (Stote) Burlal (Specify) 4.1968 St. Michael's Poplar Springs 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Olin L. Molesworth. Damascus, Md. DATE DEC 5 VR A15ME (5) 1968 y Cleaning Judge 10M REV. 1/68

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		22b. SIGNATURE HEW	my R. Welk	DEGREE PHYS.	MED. STAFF   2	12c. DATE SIGNED
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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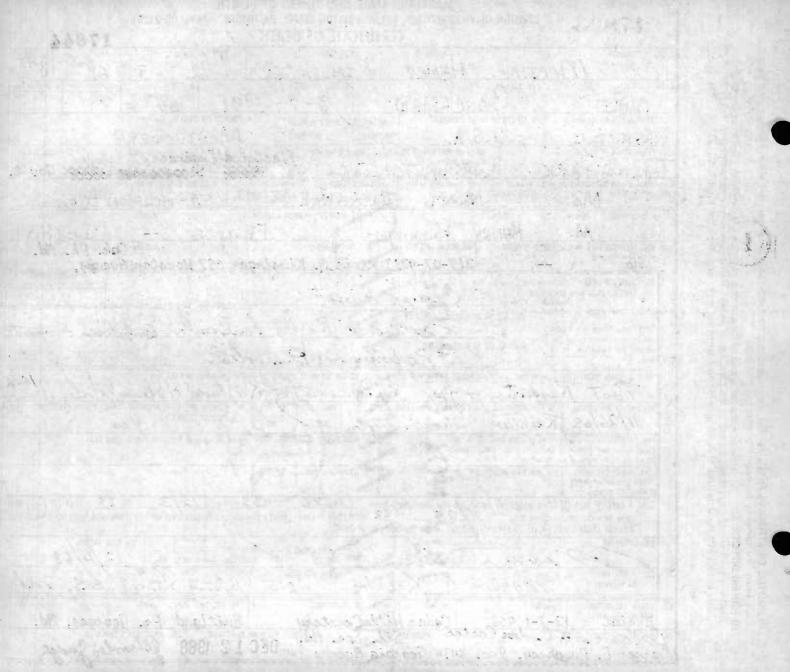
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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O a la garage	22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 1/1/68
RAIL Po	NAME (Type) WILLIAM D. AUD 9006 COLESVILLE ROAD SIL. SP. MD.
Page 4 may be retained by the haspital ar attending physician.  To Hospital or Attending Physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely a director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, with	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Page dire	BURYAL Decify 12-19-68 DX MT OLIVET CEMETERY WASHINGTON D. C.
	24. FUNERAL DIRECTORCOLLINS FUNERAL HOME ADDRESS 245 DO 1 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
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	ING by the ter ter tate	22a. I certify that (1) (this hospital) attended the deceased from 11 flee 19 68 to 19 flee 19 68	, that (I) (we) last
	ed bed bed bed bed bed bed bed bed bed b	saw the deceased alive on 19 flec 19 (and that in (my) (aur) opinion death occurred on the date and	hour and fram the
	R ATTENI retained ECTOR: A 3 should with the	causes stated above, (i) (we) (did) (did nat) view the bady after death.	
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	MAKILAND STATE DEPARTMENT OF HEALTH	
12_1	division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
	CERTIFICATE OF DEATH 17844	
÷ 7.6.	1. DECEASED-NAME First 1 Middle 1 Lost 20. DATE OF DEATH 2b. HOL	JR.
death and death	(Type or print) MARTIN HENRY KINSTNIGER. 12 Month 3 DOY 6800 843	M
	3. SEX 4. RACE 1S. DATE OF BIRTH 6. AGE (In years 1 FUNDER 1 YEAR 1 IF UNDER 24)	RS.
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wit bar	TAKOMA TAKK WASHINGTON SAID & HOSP. SOIGH - SAID WASHINGTON GOV'	t.
unted volumelete ve carl ve carl event,	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE A 13b. COUNTY A A 2011-10-10-10-10-10-10-10-10-10-10-10-10-	
am ove	odmission) STATE Md. 13b. COUNTY MONT. TAKOMA PARTYES NO 1657- HOUSTON AVE,	
and correction any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
0 - 0	M. HENRY Kinsinger Florence Devlin	
gician please	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 7th 04 MJ	_
200	Yes, no, or unknown) (If yes give war or dotes of service) 217-07-9213 Lois M. Kinsinger 657 Houston Avenue.	
he death tertify attending phys permit. Then ian, ar removal	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
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The atter has se as the principle.	1 1/26/68 Kupluse Hostic Greenson YES IN NO [ CAUSES OF DEATH? Yes	
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d b Aft e Start	saw the deceased alive an	the
ATTEND etained CTOR: A should ith the	causes stated abave, (I) (we) (did) (and not) view the body after deoth.	
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AL CAL	22d. PHYSICIAN'S . 22e. ADDRESS	1
Page 4 may be retained by the hospital ar attending Professor of Funeral Directors. After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	NAME (Type) MARVIN L. XOLKIN 1015 Spring Street, S.S., Ma	
HO Be ge rect	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
80000 D	Birjati 2-7-1, 968 Cedar Hills Cenetery Suitland Pr. Georges, Md.	
VR A15 (4)	24 HAMERA BIRECTOR ALGO C. Glen Carter ADDRESS L. Sor. Md 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
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		MARYLAND STATE DEPARTMENT OF HEALTH	
1		17805 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH 17846	
€ -2+		ECEASCD-NAME First Middle Last 2a. DATE OF DEATH 2b.	HOUR
r death. nerol ond 2	(	Type or print) Mennie Etta Kussinger Day Yegr 8 2	2 PN
The law requires that the death certificate be executed within 24 hours after death attending physicion. has been signed by the attending physicion and completely filled in by the funeral se os the buriol-transit permit. Then please remove corban popers Pages on the prior to buriol, cremation, or removal, and in any event, within 72 hours after death	3. SE	EX 4. RACE S. DATE OF BIRTH	24 HRS.
S (4 8 8 8		Female White 4/26/100 lost birthday) MONTHS DAYS HOURS	MIN
and long	70. E	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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and completely filled in remove corban popers	10. 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, every if regized)  12b. VIND OF BUSINESS  UNDUSTRY  UNDUST	QR+
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d complete emove for any event,	13a. admi	USJOAL RESIDENCE (Where deceased lived, it institution; Residence before 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13c, CITY OR TOWN 13d, MSDB (TITY IMMTS) 13e, STREET AND NUMBER (SISTING) 13e, STREET AND STREE	
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ertif phy nen ovo		THE	CXX
ing Them		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  APPROXIMATE INITER BETWEEN DWSF1 AND 0	/AL IEATH
dea tenc mit		IMMEDIATE CAUSE (a)	
he at per		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF	
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law ndin bee th ior t	FICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	245
The after has has se os the pr	IFICA	YES NO KO CAUSES OF DEATH?	
or or us	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
CIA!	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	
IYSI nosp cert chec pt. c	MEC	21d. INJURY OCCURRED 21e. PIACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1) 21f LOCATION Street or R.F.D. No. (City or Town County S.	tate
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ING Day there are a day the da		22a. I certify that (1) (the loopital) attended the deceased fram (2 - 10, 19 68, ta 12 - 23 19 68, that (1) (ex	e) las
ed to the Shapes		22a. I certify that (I) (the tespinal) attended the deceased fram (2 - 10 , 19 68, ta 12 - 23, 19 68, that (I) (we saw the deceased alive an 19 2 and that in (my) (cor) apinion death accurred an the date and haur and fra	m the
TOR IT	3.	causes stated abave, (I) (we) (did) (did view the bady after death.	
REC 3 S S S S S S S S S S S S S S S S S S		ATTENDING MED. STAFF CO 33 Des	
VI O V by V by Oge file			
mo ERAI		22d. PHYSCIAN'S JOHN S. SAIA 22e ADDRESS VIERS NILL RUSS.S.	Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached for use os the buriol-transhauld be filed with the State Dept. of Health prior to buriol, creasingly.		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State	)
Pog dir		SEMONA (Decity) 12-26-1968 St. Peters Church Cemetery Loyalton Dauphin Pa	
	24.	FUNERAL DIRECTOR Carter Collen Contis ADDRESS il Sor Md. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4) 45M - 1/69	Wo	arner E. Pumphrey, Inc. 8434 Georgia Avenue DEC 26 1968 Schanles Judge	

04871 Trial (19-16-190) 15t. Paters Durch Courts of Long Long Long Consider the constant of the c

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17847 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN DF ESTI-Month Doy Yeor 2b. HOUR (Type or Print) 2, and 3 ta PM3. Page DORA KLINE DEATH MATED de, 1960 7:2MA 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4 RACE 2c. DATE PRONOUNCED DEAD 3. SEX S DATE OF BIRTH 2d. HOUR HOURS White 76 Dec. 25.1891 YRS. Famale 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Country) Poland Montgomery Pages 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) (NDUSTRY Silver Spring Holy Cross Hospital housewife 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE Office Item ] and Z after 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME last .⊆ shauld be farwarded to the Chief Medical Examiner's haurs Nathan Klino pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil be executed within (Yes. no. or unknown) (If yes give war or dates of service) File son in law Milton Charnow 11215 Oak none within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) SSMd. permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) any event DUE TO OP burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the ward certificate shauld stoting the underlying couse \_= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION nsed 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate. YES pe ar 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 3 should PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, fasm, street, FUNERAL DIRECTOR: Page NOT WHILE AT WORK burial, 22a. I certify that tank charge of the remains described above, held an Autopsy Inspection Accident death resulted from Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE Health **EXAMINER'S** May ADOM STEER STYLES OF COUNTY) NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) DEC. 24. 1968 Cedar Park Cemetery Paramus New Jerseu 232 Carroll 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Donald M. Stein Muarley St., N.W. Wash., D. WATE DEC 2 VR A15ME (5) Hebrew Memorial Funeral Home 10M REV. 1/68

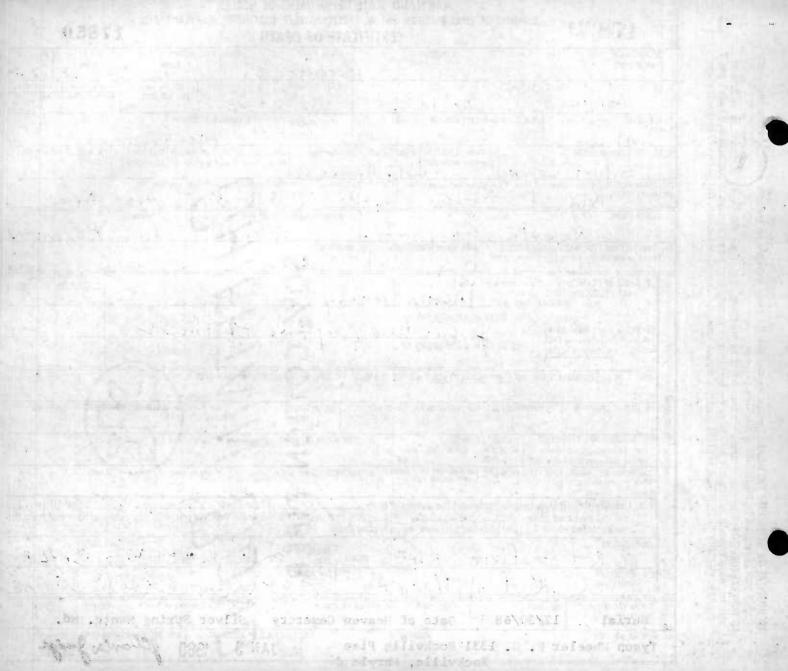
MARYLAND STATE DEPARTMENT OF HEALTH

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1			STATE DEPARTMENT			ENTR-MY	
	DIVISION OF		301 W. PRESTON STREET		ARYLAND 21201		1
	11001	C	ERTIFICATE OF DE	ATH		17848	
1.	DECEASED-NAME First	Middle	Last	2o. DATE		Tel Line	2b. HOUR
315	Type or print) ERNEST	F	KNightin	19,	Month Doy	Yeor Yeor	1020M
3.	EX 4. RACE		5. DATE OF BIRTH	1	6. AGE (In years last birthday)		IF UNDER 24 AIRS.
	MW		4-1	- 88	last birthday)	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED NEVER MARRIED	-			
CO	intry) UA. US	A	WIDOWED DIVORCED		ontonme	RIN	Md
10.				20. USUAL OCCUPATION	ON (Kind of work done	12b. NND OF BU	JSINESS OR
-	SILVER Spring gives	street address) Car	oss Aosp. 1º	luring most of warking	ng life, even if retired.)	INDUSTRY	
13	. USUAL RESIDENCE (Where deceased/jived, if institut nission) STATE // 13b, COUNTY	ian: Residence befare	13c. CITY OR TOWN 13d. IN	ISIDE CITY LIMITS? 13e.	Standard Br	anus	1.
1 00	ission state Md, ISB. COUNTY	mont.	S.S. YES	MOD 8	403 HAR	trond	AK.
14	FATHER'S NAME First Middle	Last	IS. MOTHER'S MAIDEN		Middle		Lost
	John	Knightir		Betty		Suther	'n
16	b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. gr unkngwn) [ (If yes give war or dates of service)	16b. SOCIAL SECURITY NO			Address		4-7-7-
-	Yes, na, ar unknawn) (If yes give war or dates of service)	578-05-081	3A   Margaret A	. Khighti	ng Wife Sam	e as #13	
	<ol> <li>CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:</li> </ol>	ne far (a), (b), and (c).)	01.		1.1.00	BETWEEN ONS	TE INTERVAL ET AND GEATH
V	IMMEDIATE CAUSE (o)	acute	1 Franciolon	levono	Lucion		100
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Sign			YES [	NO TO CAU	SES OF DEATH?		
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF		21c. HOW INJURY OCCURRE	D (Enter noture of in	ijury in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner)	Month Day Yeor					
AAES	21d INITIRY OCCURRED 21e PLACE OF INITIRY	AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or F	R.F.D. Na.	ity or Town	Caunty	State
	at work of work				4/		
3	22a. I certify that (I) (this haspital) atte	ended the deceased	from 10	_, 1968, ta_	12-25,19	68, that 1	1) (we) last
	saw the deceased alive an(causes stated abave, (1) (we) (did)	(did nat) view the h	68, and that in (my) (a	aur) apınıan deati	h accurred an the do	ite and haur a	nd fram the
	22b. SIGNATURE	(did har) view ino b			220	DATE SIGNED	04
	XX Suc	cy	DEGREE PHYS.	MED. DIRECTOR	STAFF D	1-25-6	,8
	22d. PHYSICIAN'S		22e. ADDRESS	10000 1	111016	Jack. 1	1- 1h 1
L	NAME (Type) ). C. 13	ucy	1000	DEIKS IN	ull bary	2001011	E Mel
23	BURIAL, CREMATION, 23b. DATE		EMETERY OR CREMATORY		TION (City or Tawn)	(County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

TOBEL APPLICATION OF THE PROPERTY OF Janes Comments Statement Street 1241 - Con That State State of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Yeor (Type or Print) delay 1. ESTI-Page DEATH MATED X Department at 3. SEX S. DATE OF BIRTH AGE (In years IF UNDER A HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 HOURS Month 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH form D. WIDOWED DIVORCED F State | IO CITY OR TOWN OF DEATH Office alang with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY with the Cour death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 135 COUNTY odmission) STATE YES NO within 24 haurs and 2 Kem ] after 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle pepart in haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT ADDRESS** (M yes give war or dates of service) File 4 shauld be farwarded to the Chief Medical Exa APPROXIMATE INTERVAL within 2 be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Smoke inhalation and burns, second degree event DUE TO. OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). any This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval, used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO T pe Б 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING MEDICAL burial, cremation, 12 1968 P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County wont. Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK MA Page 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection ( and in my opinion Inquiry director. Accident X Suicide [ deoth resulted from: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** may ADDRESS(Street, city, town, or county) NAME (Type) 50 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County) (Stote) REMOVAL (Specify) Monocoey ADDRESS FUNERAL DIRECTOR Ernest Gartner 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR DATE DEC VR A15ME (5) Gaithersburg. Md. 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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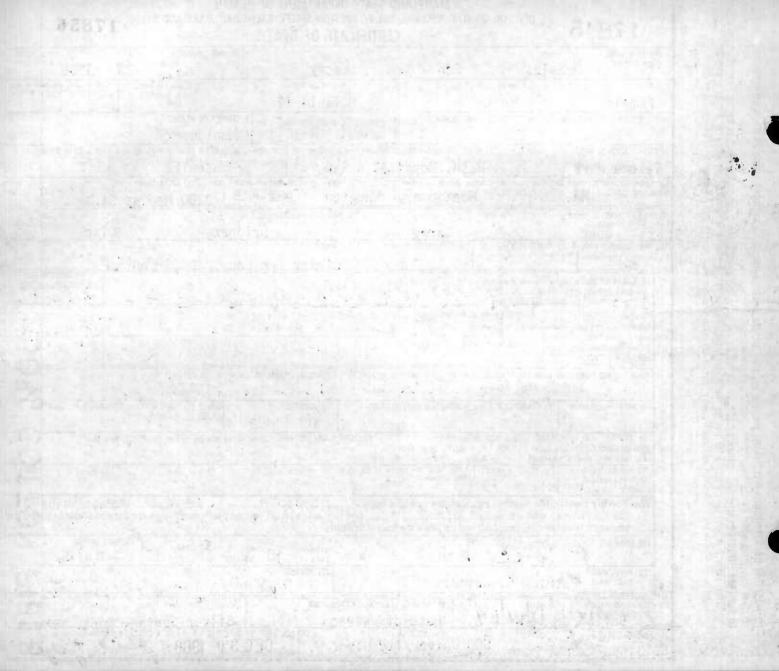
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR and 2 death. (Type ar print) December 1968 Stella Kowalsky Eva 3. SEX S. DATE OF BIRTH 4 RACE IF UNDER 24 HRS 6. AGE (In years last birthday) 16 July 1905 HOURS Female White YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Poland USA Montgomery WIDOWED TO DIVORCED [ 24 filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street offic Clinical Center during most of warking life, even if retired.) **INDUSTRY** Bethesda signed by the attending physician and camplete burial-transit permit. Then please remave arb burial, crematian, or remaval, and in any event 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE irginia 13b. COUNTY execute Box 234 Raleigh YES X NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Middle Last requires that the death certificate be John Ligocki Mary Haratyk 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. The Medical Records Address Yes, no ar unknawn) 233-30-9912 The Clinical Center, NIH, Bethesda, Md. 20014 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY 12 hours Gram negative sepsis IMMEDIATE CAUSE (a) infarction DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Intestinal obstruction - probably bowel weeks rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying causes last. Recurrent cancer of uterus months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached far use as the hauld be filed with the State Dept. af Health priar to CERTIFICATION 19a. DATE OF OPERATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? 7/18/68 YES X NO [ Cancer of uterus 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (%) (this hospital) attended the deceased from 23 Nov., 19 68, ta 4 Dec., 19 68, that (4) (we) last saw the deceased olive an 4 December 19 68, and that in (xxx) (aur) opinion death occurred an the date and hour and from the couses stated above, (did) (we) (did) (did) (view the body after death. 22b, SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 4 December 1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Bryan Neel. Institutes of Health, Bethesda, Md. 20014 III. M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (Caunty) REMOVAL (Specify)
Burial Beckley West Virginia 9 Sunset Memorial Park 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 755 Por isconsin VR A15 (4) Robert Pumphrey 30M REV. 1/68 DATINEC

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- 1		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 17854
11	₹2- ₹	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HDUR
, 0	r death	(Type or print) Lester Kry gler John Doy Year 1223 M
		3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 ARS
	7 730	male Le Rete 4/23/1917 Jost birthday) YRS MONTHS DAYS HOURS MIN
	* Man	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH
	727	Thew Jussey USA WIDDWED DIVORCED Monday Md
	equires that the death certificate be executed within 24	10. CITY OR TOWN OF DEATH  11. NAME DF HDSPITAL DR INSTITUTION (If not in haspital during most of work done give street address)  120. USUAL OCCUPATION (Kind of work done during most of working life even if retired)  11. NAME DF HDSPITAL DR INSTITUTION (If not in haspital during most of working life even if retired)  12. USUAL OCCUPATION (Kind of work done diversity and life even if retired)
	with with with	Getherda Suburban TECHNICAL WRITER GENERAL ELECTRIC
	plet car ent,	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13C. SITY DR TDWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	cam ave	Ma Monte All Spring 10 11208 Samparly Rd.
	and rem	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
	n a se I	Gette Kryger Ide Unkul
	certificate to physician Then please mayal, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. no. or unknown) (11 yes give wor or dates of service)  16b. SD CIAL DECORITY ND. 17. INFORMANT  Address Jone On 18 yes yes wor or dates of service)
	phy en sval	(Rs pary. 143-09-8722 Wife Terretta Krygu above
1	attending	IB. CAUSÉ OF DEATH (Enter only one pose per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11 2	attending permit. I	MMEDIATE CAUSE (a) Myocardial infarction, recent & remote
	aff per jan,	4/09 DUE TO, OR AS A CONSEQUENCE DF
	the the mat	Conditions, if only, which gave (b) Severe coronary arteriosclerosis with occlusion
6	equires that the physician. Signed by the burial-transit purial, cremati	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
11-3	physic physic signed burial- burial,	lost. (c)
		PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(a)
	ding ding seen the tro	196. DATE DE DERATION 196. CONDITION FOR WHICH DERATION WAS PERFORMED 200. AUTOPSY2 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The law attendin has been see as the th priar to	CALICE OF DEATHS
	or a le h le h alth	YES NO CACCIDENT WAS UNDERLYING 21b. TIME DF INJURY 21c. HOW INJURY DCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
	fical far He	
	<b>ATTENDING PHYSICIAN:</b> etained by the haspital ar <b>CTOR:</b> After this certificate shauld be detached far u ith the State Dept. of Heal	Country DCCURRED 21e. PLACE DF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LDCATIDN Street or R.F.D. No. City or Town Country State
	PH his his Dep	While Nat while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NG y th y th e e de ate	220. I certify that(I) (this haspital) attended the deceosed from 3/1967, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
	d b d b d b d b d b d b d b d b d b d b	saw the deceased glive on 12/12/68 19 and that in (aur) opinion death occurred an the date and hour and from the
	OR: OR: Naul	causes stated abave (1) (we) (did) (did nat) view the body after death.
	reformation with with with with with with with with	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
	be be ge	DEGREE PHYS. DIRECTOR DIRECTOR DIVECTOR DIVECTOR DIVECTOR DIVERSION DIVECTOR DIVECTO
	RAI SAI Po Po be f	22d. PHYSICIAN'S NAME (Type) M. W. SHAPIRO 22e. ADDRESS 8107 EASTERN AVE. SILVER SPRING. MD.
	OSP NEINE Uld	
	POSPITAL OR ATTENDING PHYSICIAN: The low repage 4 may be retained by the haspital ar attending for FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to	230. BURIAL (REMATION, BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City or Town) (County) (State)  TOTOWA. N. J.
		BURTAL 12-19-68 LAUREL GROVE TOTOWA, N. J.  24. FUNERAL DIRECTO COLLINS FUNERAL HOME ADDRESS HAURENS 250. REC'D BY REGISTRAR 250. REGISTRAR 2
	VR A15 (4) 45M - 1/69	500 UNIVERSITY BLVD. W. SILVER SPRING, MD. DATE DEC 2 0 1968 Clientes Junger
	1,07	JOO UNIVERSITI DEVD. W. SILVER SPRING, MD.   DAR DE

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
÷ =2÷	17844 CERTIFICATE OF DEATH 17855	
death.	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be	fore admission)
after after	Mortgomery Maryland Maryland Montg	omery
age rs af	B. CITY OR TOWN (If outside corporate limits, write RURAL and give in write RU	learest town)
hours s. Pa hours	SILVER SORING - YEARS SILVER SORING  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 1	S RESIDENCE
24 h	8484 16th Street; Aptitos SABA 16th Street VES	ON A FARM?
completely for carbon pare	3. NAME OF First Middle Last 4. DATE Month Day OF	Year
comple ve carl event,	(Type or print) ELLA KUKLAND DEATH DECEMBER 22	1968
	7. MARKIED   NEVER MARKIED   OF STATE O	lours Min.
	10a. USUAL OCCUPATION (GIVe kind of work done of work done of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11b BIRTHPLACE (County & State, or foreign country) 12c. CITIZEN OF COUNTRY?	WHAT
cate be physician n please val, and ir	Housewife Lussia U.S.	4.
certificate Iding phy Then pl removal,	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
cert ndin Th	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	\
requires that the death certificate be ding physician. been signed by the attending physiciar the burial-transit permit. Then please or to burial, cremation, or removal, and i	(Yes, no, or unknown) (If yes give war or dates of service)  MRS. Jeanette Goldman Silver Spring.	hid.
e de the it pe	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	AL BETWEEN AND DEATH
at the lan. d by crens cren	PART I. DEATH WAS CAUSED BY: (EREBRAL Thrombosis 10	DAYS
The law requires that to or attending physician, sate has been signed bruse as the burial-tran ealth prior to burial, cre	4339 DUE TO	
uires g ph en s en s bur	Conditions, if any, which gave rise to immediate (b)	
ndin ndin b bec	cause (a), stating the DUE TO underlying cause last.	
law atte has h pr		AS AUTOPSY ERFORMED?
The lor us us leaft	ARTERIOSCIENTIC HCART DISEASE; DIABETES MEILITUS YES	
OR ATTENDING PHYSICIAN: be retained by the hospital IRECTOR: After this certific e 3 should be detached for ed with the State Dept. of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ARTER OSCIETOTIC HEART DISEASE; DIABETES MELLITUS YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
HYSI the h this letac Dep	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory street office hidg. etc.)	(State)
NG F by t ffer be d State	Hour a.m.  p.m.  19  While at work at work	
ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hespital) attended the deceased from 1474 28, 1960, to December 21968, that	
ATT reta sho vith	saw the deceased alive on Dec-21 1948, and that death occurred at LittaM, from the causes and on the date services as IGNATURE 22b. DATE SIGN	stated above.
DIRE See See See See See See See See See Se	M.D. ATTENDING MED. STAFF   12/22/	68
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremainshould be filed with the State Dept.	22c. PHYSICIAN'S NAME (Type) ISRAE! KESSIEL-4.D. 22d. ADDRESS NAME (Type) ISRAE! KESSIEL-4.D. 5801-16 55. NW. WASL.	DC,
O HOS Page O FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
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VR A15 (4)	Bernard Danzaksky & Sons 3501-1974 St., N.W. DEC 30 1968 REGISTRAR'S SIGNAT	der
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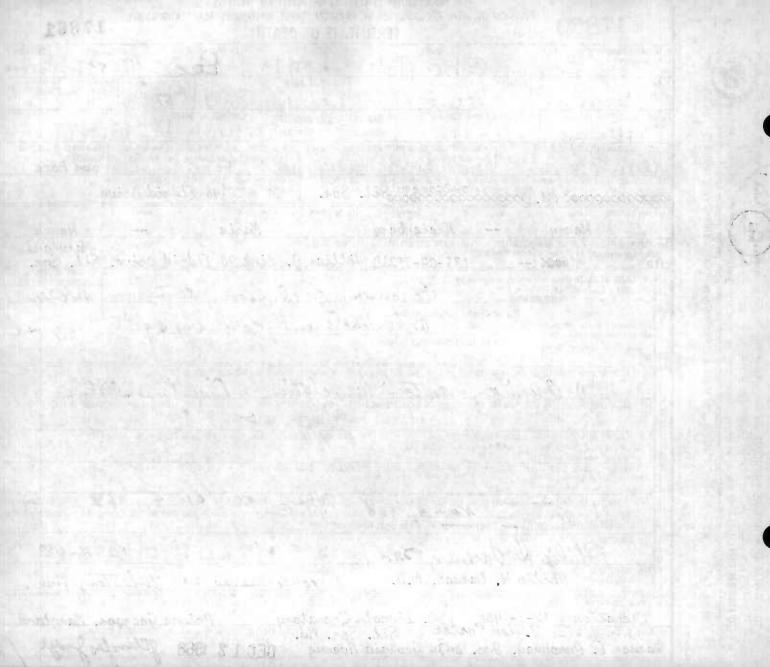
Y.		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
100		CERTIFICATE OF DEATH	17858
		DECEASED NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
	(1	Type or print) DONATA - LANAHAN Manth 2 264	GE GE M
	3. SE	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF U	INDER 1 YEAR IF UNDER 24 HRS.
	,	FEMALE WhitE 7-25-89 last birthday) YRS. MON	THS DAYS HOURS MIN.
	70. E	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7)
	caun	WIDOWED DIVORCED MOST GOMERU	ousty Md.
	10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a. USUAL OCCUPATION (Kind of work dape 1)	2b. KIND OF BUSINESS OR
1	Si	I/UER Sparse, and give street oddress) CROSS during most of working life, even if retired.)	HOUSTRY to U.S.
	13o.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER issian) STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1/101
7	odiiii	135. COUNTY WHEATON YES NO 1/9/1 VIERS	mill Kd.
	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
		Thomas Ortman (Unknown)	44.4
64	16o.	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, navor unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Cornelius & Caraban 11416   Liena (	
1		Yes, nevarunknawn) (It yes give war or dates of service) None Cornelius E. Lanahan 11414 Viers 1	
1		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
듸		IMMEDIATE CAUSE (a) PRMINA I UMONARY FRAMA	3 days.
		DUE TO, OR AS A COMPREQUENCE OF	700
		Conditions, if any, which gave rise to immediate cause (o). (b) Reselvant Operation Clary dant Combined)	1 days.
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	fu.
1		lost. (1) Cht yet - Volustie Many allene	o que
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	0
1	NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DEDED IN CEDALLAING
4	CERTIFICATION	YES NO CAUSES OF DEATH?	DEKED IN CERTIFIING
1	CERT	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item	10 \
		□ OR CONTRIBUTING □ CAUSE OF DEATH ☐ HOUR A.M. Manth Doy Year	10.)
1	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town Co. While Not while 10 to	ounty Stote
ı		While Not while of wark	,
۱		22a. I certify that (I) (this haspital) attended the deceased fram 1-10, 196, ta 12/26, 196	£, that (I) (wet las
	8	saw the deceased glive an 12/25/68 19 and that in (my) (euc) apinion death accurred an the date of	and haur and fram the
I		causes stated abave, (1) (we) (did not) view the bady after death.	
i		22b. SIGNATURE  DEGREE PHYS.  MED.  STAFF   22c. DATE  DIRECTOR   PHYS.     24	SIGNED
ı			16/60
		PAZO. PHYSICIAN'S FRANCIS X Rich ANDSON 22e. ADDRESS 11412 VEIRSM: 11 ROAD SIN	119 peng 49.
İ	23a.		ounty) (State)
			ontgom. Md.
	24.	FUNERAL DIRECTOR) W. Lee Jungson ADDRESS IL Spr. MRSO. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	IATURE
1	Va.	rner & Pumphrey Inc. 8434 Georgia Avenue DATE AN 3 1969 Charle	y mage

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10	53	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  17860.
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death. neral and 2 death.		ECEASED-NAME First Middle Last 2a. DATE OF DEATH  Type or print) 2 / 2b. HOUR  Month Day Year
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the the		114/E White 6-4-1920 48 YRS.
haurs after of the by the fun fr. Pages 1	7a. I	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
per in per in	Wh	PSHINGTON, D.C. U.S.H. WIDOWED DIVORCED MONTGOMERY MA
in 24	10. 0	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  120. USUAL OCCUPATION (Kind of work done during most of working-life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working-life, even if retired.)
Him So Service		BETHEODA GIVE SHEET USURDAN. WAVEL RESEARCH. Engineer
or borner		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
The see a see	dom	ission) STATE Md 13b. COUNTY tomerry Kensing for YES NO 4403 Edget 1810 Rd.
e execut and com emove n any-ev	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
e e e		Henry Albert heef. MARY TERRY WILLIAMS
icate b sician please Il, and i		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   17. INFORMANT   18. INFORMANT
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h certifi ing phy Then remaval		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), god (c).)  APPROXIMATE INTERVAL BETWEEN QUISTO AND DEATH
ath ndir iit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circute Coron and Thrombosis /Wr
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if the the sit p		Conditions, if only, which gave) (12 Vorinner Vender Mean Volkean) Sylvers
hat n. by t ans		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
quires that t physician. signed by the burial-transit burial, crema	13	lost. (c)
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The affer has se as the practical of the	CERTIFICATION	YES NO CAUSES OF DEATH?
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YSICIAN: Ospital ar certificate thed far us	MEDICAL	Greather, notify medical examiner)  Output  Down the Doy Year  P.M.  Output  P.M.  P.M.  Output  Doy Year  P.M.  P.M.
YSI nosp cer chec pt. c	MEI	21d INHIRY OCCURRED 21e PLACE OF INHIRY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
this detact		While Not while at work A three sulphine, etc.
ING Vy there do		
ND ND Sed by Sed		22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (aur) opinion death occurred on the date and haur and from the
A Date of the party of the part		causes stated abave, (1) (we) (did) (did nat) view the bady after death. Rocered with medical exemples
R A A State of the A A With With William		226. SIGNATURE Relative Research Coole Water Attending Med. STAFF 22c. DATE SIGNED 22c. 30, 1968
Dige being b		Director Dir
RAIL Pop Per		22d. PHYSICIAN'S NAME (Type) ROBERT N. COALE 4429 Bradley Save Charge Charles Ind.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, cree).	22.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Mai
Age direction	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Mc CHEMOVAL Station 1-4-1969 Cedar Hill Crematory, Suitland, Prince Georges Count
5 5 5 W	24	
JOMEN AR	24.	JAN 3 1900 Misc. Ave.
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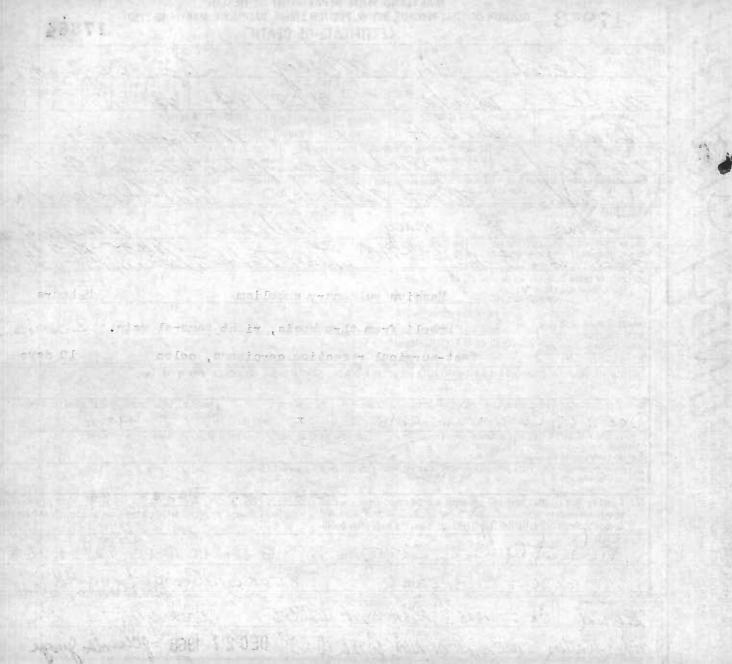


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	17852	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEATH		4 8 0 0 0
1.	DECEASED-NAME Fi	irst Middle	Lost	20. DATE OF DEATH	17863
	(Type or print)	Len Hennings LYONS		8 December 1968	Year 2b. HOUR
3.		4. RACE	S. DATE OF BIRTH	6. AGE (In years	9:55A M
	Female	Cauc	15 Feb 191	lost hirthdoy)	MONTHS DAYS HOURS MIN.
7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Wa	untry) ashington, D.C	USA USA	WIDOWED DIVORCED	Montgomery	Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN: give street address) Naval Hospit	STITUTION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130	. USUAL RESIDENCE (Where dec	cogood lived if institution, Pasidones before	B L HO		DOMESTIC
DD	nissian) STATE	13b. COUNTY CHARLES		NO C	77
	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM	TAN TIME TO TAKE	) (
F	rederick HENNI	NGS	Virgie Ann		1031
160	. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	Address	
	Yes, na, or unknown) (If yes gr	1/2 war or dates of service) 577-07-50	44 Chester A. LY	ONS Rt 1 Box 167	Bryane Rd M
	18. CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), and (c),	)		Bryans Rd Mc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	USED BY: EDIATE CAUSE (0) Intra-abdomi	nal hemorrhage		2 hours
	44dX	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, which gov rise to immediate couse (o	(6)	alse aneurysm of	right common iliac	artery
	stoting the underlying cous				
	last.	) (c)			
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	DRCONDITION GIVEN IN PART 1(0)	
NOI	190. DATE OF OPERATION 119	9b. CONDITION FOR WHICH OPERATION WAS PE	DEODALD DO ALIZODEVO	Tool in the webs flubilles	
CERTIFICATION	The Date of Orekanon	76. CONDITION FOR WITCH OFERATION WAS PE	RFORMED 20a. AUTOPSY?  YES X NO	20b. IF YES, WERE FINDINGS C CAUSES DE ATH?	UNSIDERED IN CERTIFYING
		2101 11112 01 11130111		nter nature of injury in Port 1 ar Part 2,	Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. Month Doy Yeor priner) P.M. 19			20
M			TORY,) 21f. LOCATION Street or R.F.D.	No. City ar Tawn	County State
	22o. I certify that (X) (	(this hospital) ottended the decease	ed from 8 December 19	68 to8 December 19	68 that XI) (we) last
	sow the deceased	alive an <u>December</u> ove, (t) (we) (did) (details view the	968, and that in (xxx) (our) o	pinian death occurred on the do	te ond hour and from the
	22b. SIGNATURE	ove, M (me) (ala) (axaxaxix view the l	body offer death.		
	Q A	Routenly 11	M.C. DEGREE PHYS.	MED. STAFF	DATE SIGNED
	22d. PHYSICIAN'S	LT LT	22e. ADDRESS		December 1968
	NAME (Type) J. A	. ROUTENBERG	Naval Ho	ospital, Bethesda,	Md.
230	BURIAL, CREMATION, 231		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
			Hills Cemetary	Suitland, Pr. G	
	FUNERAL DIRECTOR	ADDRESS No. 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	25a. RFG	EC T 3 1968 REGISTRAR'S	SIGNATURE
L	unct runeral.	Home, Waldorf, Mary	Land DATE	1000	and Judge

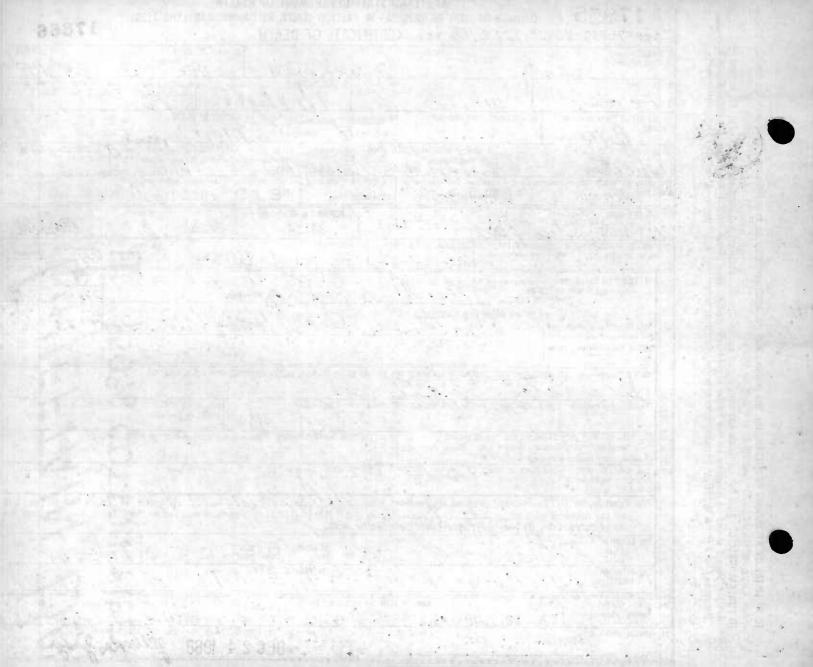
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10	Section 6			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10				CERTIFICATE OF DEATH 17864
	4 24		1. DE	CEASED-NAME First Middle Jost 20. DATE OF DEATH 2b. HOUR
	death.		(1	ype or print) Cecel III Marth Doy Year 40 M
	b le		3. SE	
	afte he f afte			all ast birthday) Montris Day's Hours Min
	Jrs Pa Urs		70 B	VIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	4 haurs after death. I in by the funeral exs. Pages I and 2 72 haurs after death.		coun	MARKIEU NEVER MAKKIEU
ALC: N	n 24	1	10.0	Lowa U.S.H WIDOWED DIVORCED Montgomeref Md
	and campletely filled in by the funeral seman campletely filled in by the funeral seman carbonapers. Pages 1 and in any event (company) and 2 haurs after death	1	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address)  12. USUAL OCCUPATION (If not in hospital during most of working tibe, even if retired.)
	To a second	170	_	Il the 5d a de bell ban patent them now to UT.
	executed in camplet car can event, any event,	15	130. odmi	USUAL RESIDENCE (Where degeosed lived, if institution: Residence before 13c. CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER?
	Par de de	1		111di 111011, Sellasta 15 100 6/2/ Teros vonor Land
	6 5 5 5		14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	0 -			Oliver W. Macy Lellian Wangerett son
	t the death certificate b the attending physician sit permit. Then please nation, or remaval, and i		160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY TO 817. INFORMANT 17. INFORMANT 18. (If yes guyewar or dates a species) 18. (If yes guyewar or dates a sp
	Hifi		-	es, no, or unknown) (If yes gray-war or dates & source) 21646-1918 Jean Talbott 142-6: 25fer V. C.
	The The			CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ath idi			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Massive pulmonary embolism  /2 hours
	erm erm erm			15.3 8 DUE TO, DR AS A CONSEQUENCE OF
	the the ation			Conditions, if only, which gove ) Humboli from thrombosis right femoral vein.
		1		rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	es t icia icia ed b ed b il-tr			lost. Post-surgical resection carcinoma, colon 10 days
	physician. signed by the attending phys burial-transit permit. Then p burial-transit permit. Then p	-19		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	The law requires that the death certificate attending physician has been signed by the attending physician use as the burial-transit permit. Then pleas the priar to burial, crematian, or remayal, and			1538
	aw din bee bee	133	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	he litter	1	CERTIFICATION	Dec 11 68 Carcinoma Colon YES NO CAUSES OF DEATH? YES
	or or the branch	- /	CERT	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	fica far He	VH.		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month DOV YEAR
	SSpi Sspi Serti ned ned t. a		MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION, Street or R.F.D. No. City or Town County State
	PHY e ho nis tach			While Not while (OFFICE BUILDING FTC)
	te de t			at work of work of work (1) (this haspital) attended the deceased fram PECS, 1968, to PCC 22, 1968, that (1) (we) last
	Afte be Sto			saw the deceased alive an Deceased from the saw the deceased alive and the date and haur and from the
	R:			causes stated abave, (1) (we) (sid) (did nat) view the bady after death.
	AT eta eta con short short			22b. SIGNATURE 22c. DATE SIGNED /
	OR ATTENDING PHYSICIAN: De retained by the haspital or MRECTOR: After this certificate 3 shauld be detached far used with the State Dept. af Heal			Court of June Moderne ATTENDING MED. STAFF   12/22/68
	AL Day	1		22d. PHYSICIAN'S 22e. ADDRESS
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	1.00	(4)	24.	FUNERAL DIRECTOR ADDRESS 25% REGISTRAR 25% R
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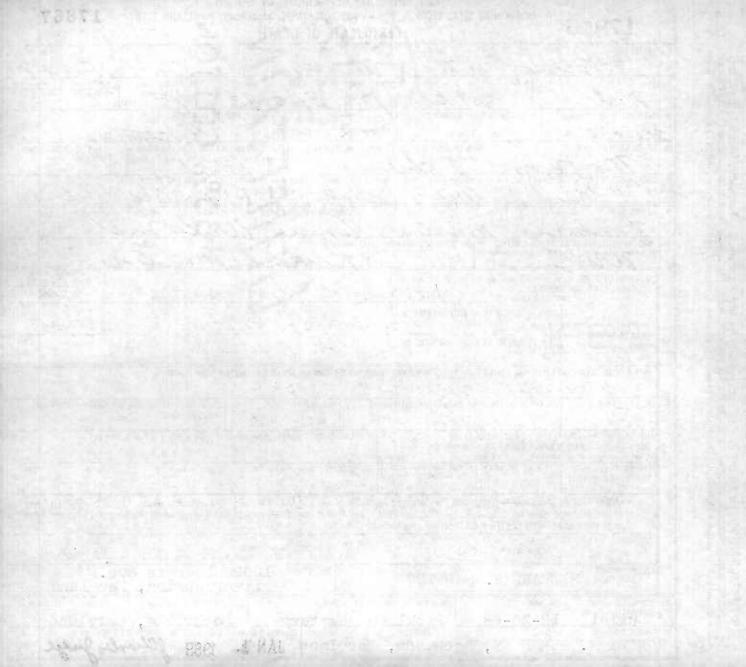


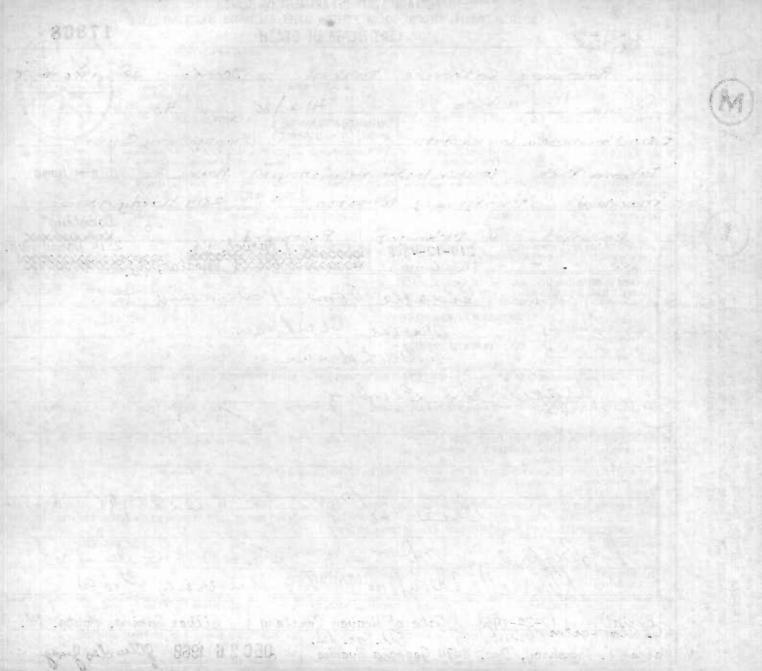
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17865
7		1 354 CERTIFICATE OF DEATH
death. neral ond 2 death.	L	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) Richard OSWALD Mai December 28 1948 9 157.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician.  INRECTOR: After this certificate has been signed by the attending physician and campleter filled in by the funeral e.3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 ad with the State Dept. af Health priar ta burial, remation, or remayal, and in any event, within 72 hours after death	3. 5	Male  4. RACE  4. RACE  4. RACE  5. DATE OF BIRTH  6. AGE (In years lifunder 14 Ars. If under 24 Ars. light birthday)  7. YRS.  4. RACE  11-29-1891  5. DATE OF BIRTH  11-29-1891  7. YRS.
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cuted analysis of the second	13o adm	USUAL RESIDENCE (When deceased Gled, if institution: Residence before lission) STATE Delevare 18b. COUNTY SUSSEX Green word YES NO NO NAKET
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e death certificate b attending physician oermit. Then please an, or remaval, and i	160	16b. SOCIAL SECURITY NO. 17. INFORMANT 570 HAWKE BULLY LAIVE 221-09-43814 R. EVERETT MAI 51LVER 5Pring, and 20904
eath certific ending phys nit. Then p or remaval,		1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH  2
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v requi ing phy ien sign he buri ta buri	N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 493 × Malkation, Deby Ination, Chronic brown Syndrotre anknowledge
The lay attend has be se as the prior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
ICIAN: bital ar tificate d far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Year   19   19   19   19   19   19   19   1
PHYSI he hast this cer letache Dept.	ME	21d. INJURY OCCURRED While Nat while of wark of wark of wark
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar ta burial, representations.		220. I certify that (1) (this hospital) attended the deceased fram 6/2 , 1967, ta 12/28, 1968, that (1) (we) los saw the deceased alive on 12/3 1968, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body ofter death.
RECTOR 3 shau		226. SIGNATURE  226. SIGNATURE  ATTENDING PHYS.  226. DATE SIGNED  127. WED.  226. DATE SIGNED  128. STAFF  129. DEGREE PHYS.
PITAL C may b RAL DI r, page lbe filed		22d. PHYSICIAN'S NAME (Type) R. H. Sondstrom DD 22e. ADDRESS 22e. ADDRESS TX & MAKE (Type) TX. H. Sondstrom DD 770) Carroll Ave TX & K md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 12-31-68 ST. JOHNSTOWN COMPTERY CREENWOOD SUSSEX DEL.
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR  ADDRESS  William Filischauer & Brown word   25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE JAN 2 1969 Cleanles Queles
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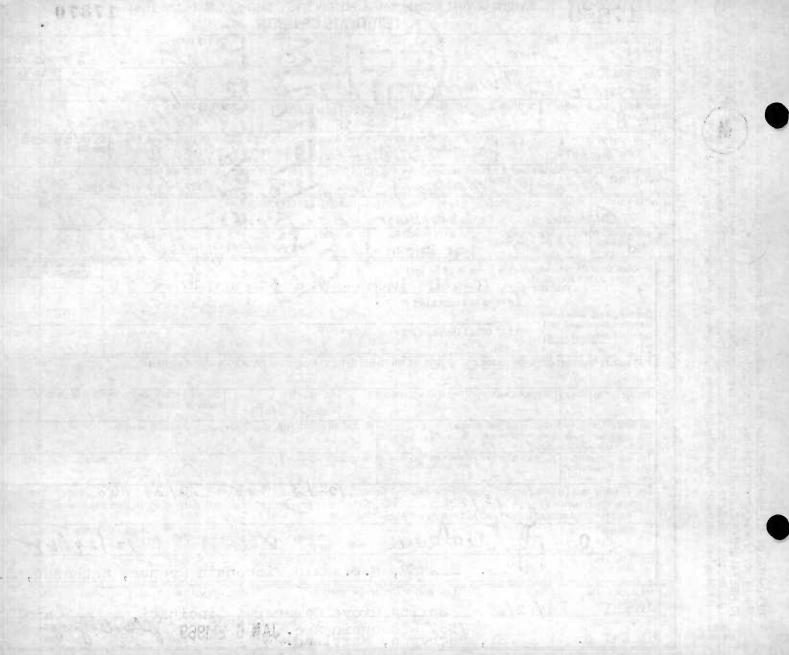
MARYLAND STATE DEPARTMENT OF HEALTH

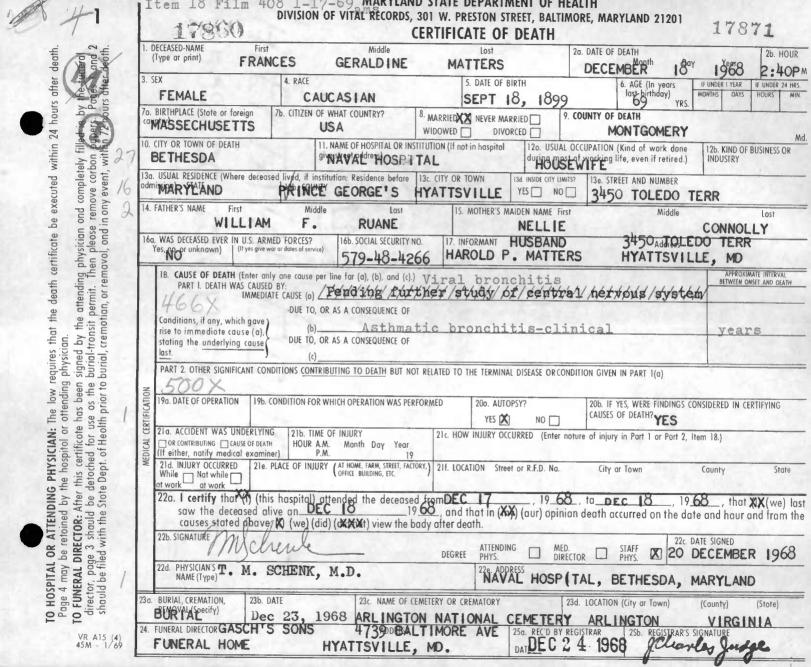




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		MAKTLAND STATE DEPARTMENT OF HEALTH
	10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17870
28		CERTIFICATE OF DEATH
3		ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	1	Type or print) Elwine J. Matre 12 - 39 - 68 1040M
	3. SE	
l		Female White 6-19-96 last birthday) MONTHS DAYS HOURS MIN.
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		Chio U.S. of WIDOWED DIVORCED MICONTEGOMERY Md.
è	10. 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital  12a. USUAL OCCUPATION (Kind of wark done during most of warking life, even the live street address)  INDUSTRY
0		Suburban Amsente.
5	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. COUNTY 13d. INSIDE CITY LIMITS?
1		mongsmen sheety. In 1964 Nookwess Na.
	14.	FATHER'S NAME, First, Middle Last IS. MOTHER'S MAIDEN NAME First, Middle Last
		Gustavas Junkerman Pearl Hall
	16a.	(es. po or unknown) (If yes give was professed for the form of the
		A SOMEWIE APPROXI
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) acute impoeural a major trans
		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave
		rise ta immediate cause (a), (b)
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
		4201
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State
		While Nat while at wark Arrange Arrang
		220. I certify that (1) (this hospital) attended the deceased fram 12-13, 1968, to 12129, 1968, that (1) (we) last
		sow the deceased alive on 12 19 05 and that in (my) (aur) opinion death occurred on the dote and hour and from the causes stated above (1) (we) (did) (did not) view the bady after death.
		226. SIGNATURE  ATTENDING  MED.  STAFF  12 22. DATE SIGNED  12 24 68
		276. PHYSICIAN'S  22e. ADDRESS  22e. ADDRESS
1		NAME (Type) SIDNEY J. MALAWER, M.D. 8218 Wisconsin Avenue, Bethesda, Md
•	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	1	REMOVAL (Specify)
		FUNERAL DIRECTOR  ROBERT A. PLIMPHREY  Bethesda Marylandout  ROBERT A. PLIMPHREY  Bethesda Marylandout  ROBERT A. PLIMPHREY  Bethesda Marylandout  Bethesd
3	1	ROBERT A. PUMPHREY, Bethesda, Marylandon AND 1969



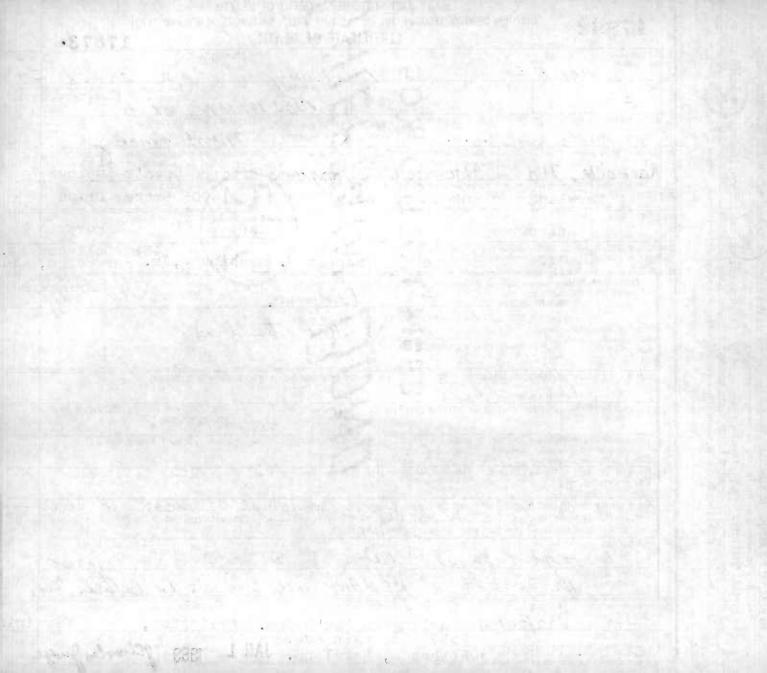


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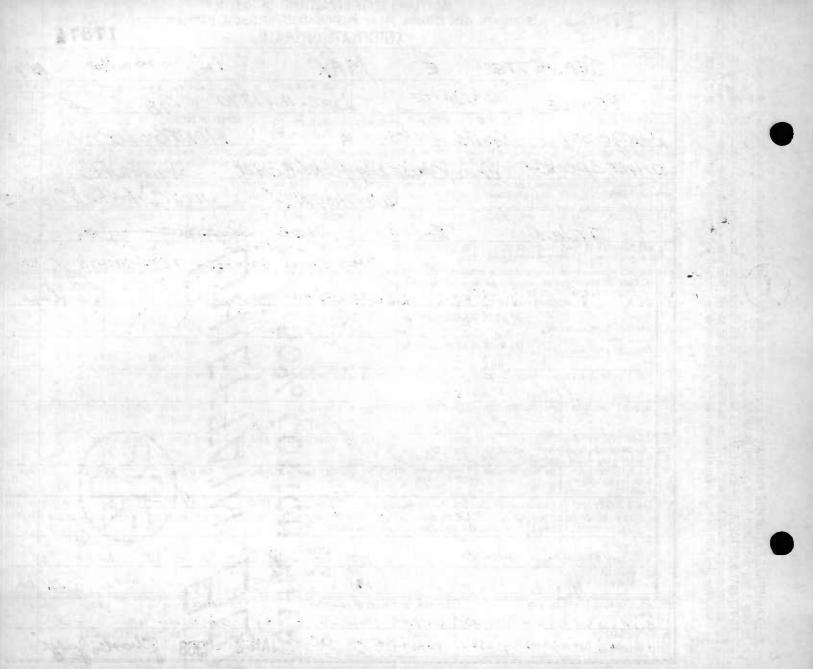
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-	CERTIFICATE OF DEATH 17873
1.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Month Doy Year
2	MANA F Mawhinney 12 23 Cd SA
3.	O. MOE (III 900) I MOUNT DAYS IT UNION TO IN
70	1000 19, 1897 69 YRS
((	MARKIED NEVER MARKIED
10	New Jersey U.S.A. WIDOWED DIVORCED Montgomer.  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 110. Kind of wor
	give street address) during most of working life even if retired \ \\ \text{VDUSTRY}
13	O. UDUAL KEDIVENCE IMPRIE DECOSED IVED IT INSTITUTION: Residence before 13% (ITV DETOMIN) / 134 INCIDENCE LIVER AND AUGUSTON
od	mission) STATE Maryland 3b. COUNT Montgomery Rockville YES NO 4905 Ertter Drive
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Unknown Horse Hist Middle Horsy Horsyth
16	No. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown) (If yes age was griddles of service) None None 17. INFORMANT Robert F. Mawhinney, Jr. San Deigo, C
-	
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (0) / Noumania / Oday
	Conditions, if only, which gove )  DUE TO, OR AS A CONSEQUENCE OF  Seven-Roll of towns of the conditions of the conditio
	rise to immediate couse (a), (b)
	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
2	4500 Parkens die
CFRTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
TIFIC	YES NOT CAUSES OF DEATH?
MFDICAL	CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   (If either, notify medical examiner)   P.M.   19
W	
	at work of work
	22a. I certify that (I) (this hospital) attended the deceased from 15, 1968, ta 200, 23, 1968, that (I) (we) to sow the deceased alive an 1968, and thorin (my) (our) opinion deoth occurred on the date and haur and fram the
	sow the deceased alive an
	22b, SIGNATURE 2
	Dr Joseph P. Kernics M LOEGREE PHYS. DIRECTOR DIRECTOR 12/23/68
	22d. PHYSICIAN'S VICTOR FOLLOW 12. TO SECULAR DISCONSISS 22e. ADDRESS 22e. ADDRESS
_	The state of the service and the service and the service of the se
23	o. BURIAL, CREMATION, REMOVAL (Specify)  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town) (County) (Stote)
24	REMOVAL (Specify) Burial 12/26/68 Arlington Nat'l Cem. Arlington, Virgin FUNERAL DIRECTOR 755 7ADDRES COORSIN AND SO RECURE 256 REGISTRAR 256
24	ROBERT A. PUMPHREY, Bethesda Marylandar JAN 2 1969 Clores Queles
of .	SOTTONIAL VILLE TO THE TOTAL VILLE TO THE VILLE VILLE TO THE VILLE

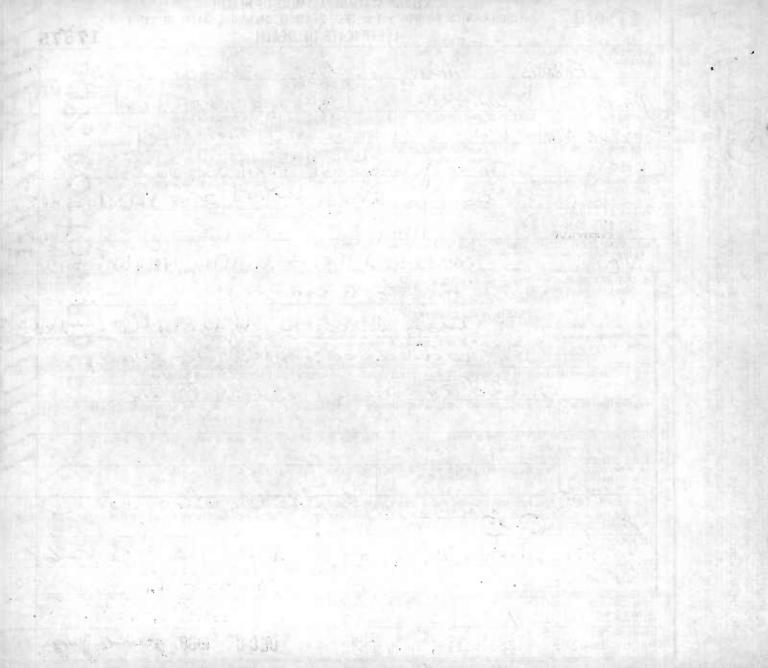
MARYLAND STATE DEPARTMENT OF HEALTH

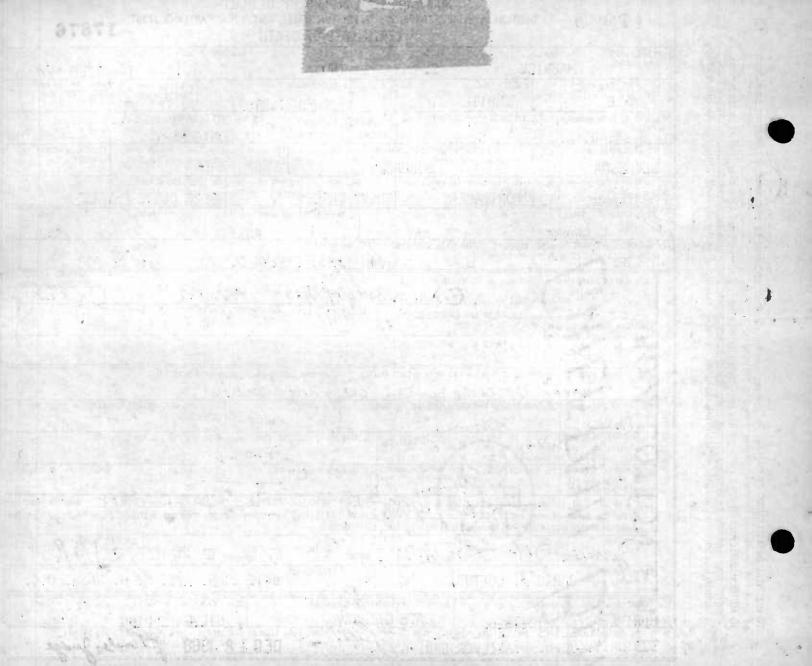


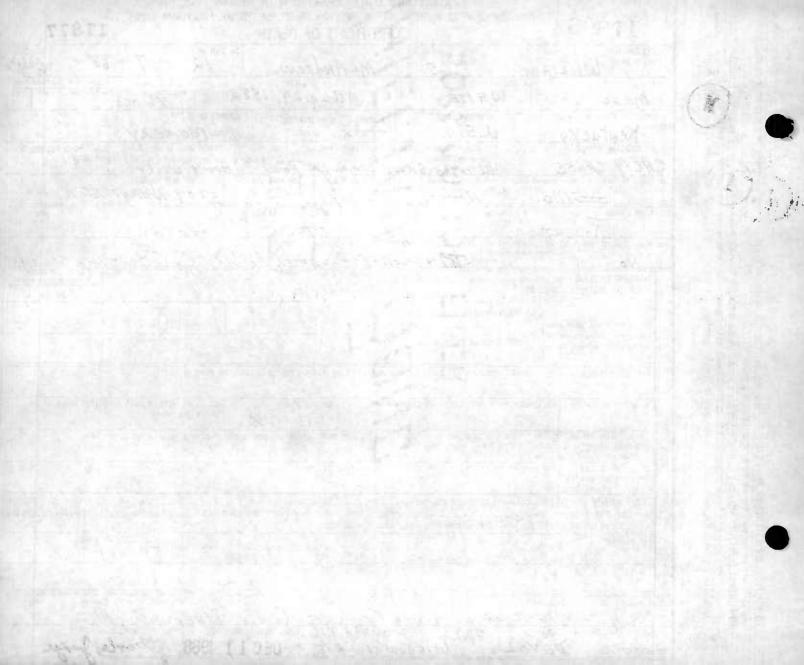
1		DIVISION OF VITAL RECORDS, 301  CFRT	W. PRESTON STREET, BALTIM	MORE, MARYLAND 21201	17874
d 2 ath.	1. D	ECEASED-NAME First Middle Figure or print) TEANETTE E		20. DATE OF DEATH  Manth 26 Doy	25 HOUR
fter de	3. 51	X 4. RACE	S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MA	WKITO WEARY WAKKIED	COUNTY OF DEATH	16
91)		TEWDERSEY UNITED LATERCHIED INTERCONSTITUTION OF DEATH . II. NAME OF HOSPITAL OR INSTITUTION GIVE STREET ODDIES.	ON (If not in hospital 120. USUAL	OCCUPATION (Kind of work dane of working life, even if retired.)	12b. KIND OF BUSINESS OR JAHDUSTRY
17	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. C	CHUT OR TOWN 13d. INSIDE CITY LIMIT DSHINGTON YES NO	139. STREET AND NUMBER	draffire. 14
3	14.	FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First	st Middle	Lost
		(WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service)	17. INFORMANT DAUGHT	ER Address  DBERG-7835-OR	CHID ST NW
-		CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
V		IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gove )	pretto (NEUmo)	NIC	2 days
		rise to immediate cause (a), stating the underlying couse lost.			
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY 491 X PARK IN CONS SM	ATED TO THE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)	
2	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORM	YES NO X	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH CITY of either, natify medical examiner)  OR CONTRIBUTING PAM. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter n	noture of injury in Port 1 or Port 2, It	em 1B.)
	ME	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)		City ar Town	Caunty State
		22a. I certify that (I) (this haspital) attended the deceased fra saw the deceased alive on 22. 1964 causes stated abave (II) (we) (did) (did not) view the bady	am, 19_3. _, and that in(my)(aur) apini after death	ian death occurred an the dat	e and haur and from the
		22b. SIGNATURE  Marin Jule		22c. D.	ATE SIGNED 12-26-68
1		22d. PHYSICIAN'S NAME (Type) Marvin Fuchs	22e. ADDRESS	tin Wood K	d. Bith Ind
^	23a.	BURIAL, CREMATION, REMOVAL (Specify)  BILLIA 12 - 30 - 68 CEDAR	IHLL CEMETERY	23d. LOCATION (City or Town) WASHINGTON	(County) (State)
	24.	FUNERAL DIRECTOR SERNARD DANZANSKY +SONS WASHING	ace bec'n by	2 1968 PEGISTRAR'S S	SIGNATURE JUNGSE

MAKTLAND STATE DEPAKTMENT OF HEALTH

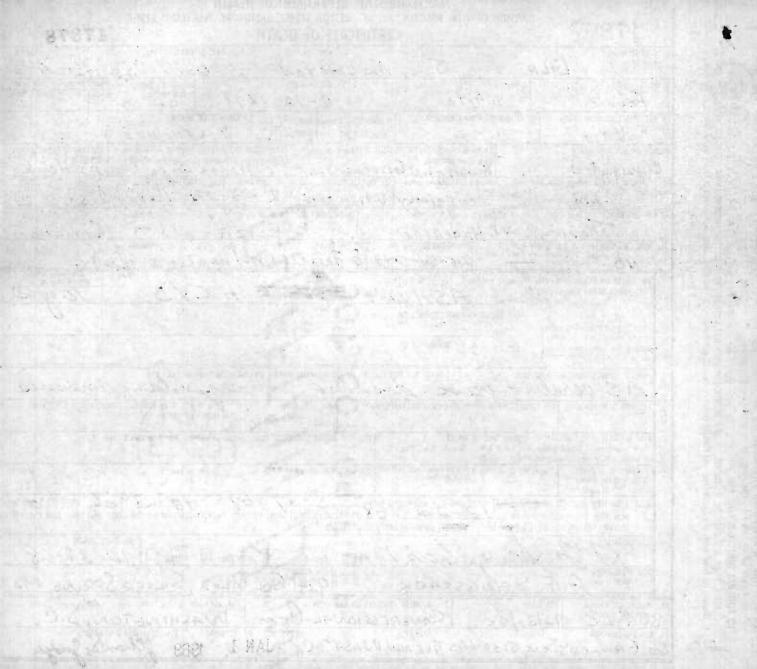








-9-1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	15	CERTIFICATE OF DEATH 17878
death.		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH  (ype ar print) LiLA J. Ma Cath ran Dec. 28 1968 9 AM
	3. S	Fenale 4. RACE 5. DATE OF BIRTH 6. AGE (In years least birthday) Months Days Hours Min.
4 haurs 1 in by Pers. Po	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MIDOWED DIVORCED MONTGOMER WILL MAKE MARRIED MONTGOMER WILL MAKE MAKED MONTGOMER WILL MAKED MONT
vithin 2 sly filled an page within 2	1	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  RENSINGTON GERDENS SANT HOUSE WIFE  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  RENSINGTON GERDENS SANT HOUSE
executed within 24 haurs nd campletely filled in by emave carban papers. Pagany event, within 72 haurs	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NON TRANSPORT Wheaton YES NO 2810 HARdy Ave.
of remo	14.	THOMAS W. ANDERSON. IS. MOTHER'S MAIDEN NAME First Middle Last  ELIZA - CANNON.
hysician ar n please n		WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO.  (17) INFORMANT  (17) INFORMANT  (17) INFORMANT  (18) Social Security (18) Social Security (18) Social Security (18) Social Security (19) Social Security (18) Social Security
equires that the death certificate—be exphysician. Signed by the attending physician and burial-transit permit. Then please remburial, crematian, or remaval, and in an		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ASHD Y  APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH  10 24-25
the de he atte it perm atian, c		Canditions, if ony, which gave )
es that ician. ed by tl Il-transi		rise to immediate couse (o), (stating the underlying cause last.
requirent physics of p	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  AS CEREURO-Vase assess Secondary anemia
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the death certificate by the haspital or attending physician.  **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Poseshauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs and the plans the plans to the plans the plans to the plans	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?
ICIAN: oital or rtificate d far u af Heali	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OF CONTRIBUTING   CAUSE OF DEATH   CAUSE
PHYS the hast this cell detache e Dept.	ME	21d. INJURY OCCURRED While Not while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. Na. City or Tawn Caunty State
ed by termination of the state		220. I certify that (1) (this haspitel) attended the deceased from 8 - 47, 19 - 57, to 19 - 28, 19 6 k, that (1) (see last saw the deceased alive an 19 - 28, and that in (my) (our) apinian death occurred on the date and hour and from the courses stated above, (1) (see ) (did) (did to ) view the body after death.
RECTOR 3 shau		22b. SIGNATURE  22b. SIGNATURE  ACCURATE SIGNED  12 - 28 - 68
PITAL C may b RAL DI RAL DI r, page be filed		22d. PHYSICIAN'S G. F. SENGSTACK 22e. ADDRESS Q241 COL. BLVD. SILVER SPRING MD.
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal	230.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CEM. 23d. LOCATION (City or Town) (County), (State)  REMOVAL (Specify) 12/3 / 68 CONGRESSIONAL CEM. WASHINGTON, D.C.
VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR  S. GAWLER'S SONE, 5130 WIS. AVE, NW, WASH., D.C. DATE JAN 2 1969 Clearles Judge
	-	



	Item 18 Film 408 1-13-69 MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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death neral and 2 death	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Landeth Bliss Middle Lost 20. DATE OF DEATH Day	Yegr 2b. HOUR
. K. F	all of the second	OFR I YEAR IF UNDER 24 HRS.
E 4 8 5	3. SEX  Jemale 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday) MONT	HS DAYS HOURS MIN
hour hour	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
filled i poper thin 72	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12)	Z Md
e executed within 24 hours after and campletely filled in by the formove carban papers. Pages n any event, within 72 hours after	Bether da give street address) Suburbon during most of working life, even if retired.)	b. KIND OF BUSINESS OR NDUSTRY
equires that the death certificate be executed by physician. Signed by the attending physician and camplete burial-transit permit. Then please remove carbourial, crematian, ar remaval, and in any event,	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 15c. 15c. 15c. 15c. 15c. 15c. 15c. 15c.	0,
xecuted ample to my ever	14. FATHER'S NAME / First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
be ex and e rem in an	Jeogle H Bliss Plinstell Tun	bures.
ertificate be physician c en please aval, and is	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service)  Address So.	ne astalow.
rtific phys en p en p	- Husband Glenn Mc Clell	and
ie death ce attending p permit. The	18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death attendin permit. ian, ar re	486 x IMMEDIATE CAUSE (a) Acute cardiac arrest	2 hours
the per	DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave)  Hypnoxia	
nat th	rise to immediate couse (a).	
equires that the physician. signed by the c burial-transit pr burial, crematia	stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     lost.   (c) Mucus plugs and aspirated vemitus in bronchieles	2 hours
quire physi igne uria uria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng pen sen sen sen sen sen sen sen sen sen s	493 x (d) Pneumonia nulmonary atelectasis	
law ending s bee	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
The offi	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  121a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121b. HOW INJURY OF INJURY 121b. HOW INJURY OF INJURY 21b. HOW INJURY	
Page 4 may be retained by the haspital ar attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hourses 4 may be retained by the haspital ar attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hourses and the state Dept.	STOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	(8.)
DING PHYSICI by the haspit (fer this certif be detached State Dept. af		unty State
the the detector of the Detect	at work at work	
by Affer be State	220. I certify that (I) (this hospital) attended the deceased from 12-13, 1968, ta 12-23, 1962 and that in (my) (our) opinion death accurred on the date a	, that (I) (we) last
TEN ined ould the	causes stated above, (I) (we) (did) (did not) view the bady ofter deoth.	na nour ona from the
OR ATTENI De retained DIRECTOR: A e 3 should ed with the	22b. SIGNATURE /// ATTENDING MED. STAFF 22c. DATE	SIGNED /2 //
DIR DIR illed	DEGREE PHYS. DIRECTOR PHYS.	123/68
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	22d. PHYSICIAN'S NAME (Type) W. G. Hall 22e ADDRESS West Montgomary Avenue,	Rockyille, Maryland
HOS nge 4 Fun recto	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) (State)
50 5 点点	REMOVAL (Specify) Burial 12-26-1968 Parklawn Cemetery Rockville, Montgom	
VR A15 DR	24. FUNERAL DIRECTOR  Joseph Gawler's Sons, Inc., 5130 Wisc. Ave.  250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGN	
45M - [1769]	N.W. Wash. D.C. 20016 DATE DEC 3 0 1968 Scharle	o judge

61871 t me nei me. I in n inch institution in the state of the Lieb to . W. Canala of the pull company streng fact the Wednesd Rentimest Soft-Charles Control Tourse duglacts Sons, Inc., 5150 Land. Ava. 

1.11., wall., s.v., 20015 .... How, M.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH    December   Models			MARYLAND STATE DEPARTMENT OF HEALTH	
DECENSION NAME   FIFT	E		MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	7880
Country   Coun	T.	1. D		
3. SEX  4. RACE  5. DATE OF BIRTH  7. SEP \$\frac{1}{2}\text{II} \text{ of the bendoy}  of the be		(	Type or Print) Asichael Allea As Cincken OF ESTI-	
SOUNTRY ON MO DEATH  ON TOWN OF DEATH  ON TOWN ON THE DEATH  ON TOWN OF DEATH  ON THE DEATH  ON TOWN ON THE DEATH  ON TH		3. \$	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Manth Day	Zd. HOUR
Su USUAR RESIDENCE (Where deceased lived, if institutions Residence below 13.C. (ITV OR TOWN admission) STATE   13.C. (UTV OR TOWN admission) ST	THE STATE OF THE S			4 Md
136. COUNTY Monty general Monty 2 VES NO (X)   Route T C/2 d Annual Mode   Lost   Lowe	00	1	Moniovia. give street address & lad hill Rd. during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
160. WAS DECEASE PURE NUS. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. CAUSE OF DEATH (Finter only one course per line for (a), (b), and (c).   PART 1 D. M. C. Cluskey, Jr.   Motiforia, M.C.   Notiforia, M.C.   Noti	death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE Md. 13b. COUNTY Montgonery Montovia YES NO X. Route I C/2	d Kill Rd.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19. PART 1. DEATH WAS CAUSED BY:   19. PART 2. DEATH WAS CAUSED BY:   19. DUE 10, OR AS A CONSEQUENCE OF   19. Conditions, if any, which gave is to immediate cause (a), storing the underlying cause   (b), and in the part 1 (c)     19. DATE OF OPERATION   19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c)     19. DATE OF OPERATION   19. CONDITION FOR WHICH OPERATION   WAS PERFORMED?   21. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.)     19. CAUSE OF DEATH   21. PLACE OF INJURY Manth, Day, Year   21. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.)     19. CAUSE OF DEATH   1 tack charge of the remains described above, held an Autopsy   Inspection   1. Inquiry   1. Inq	s arrer	14. F		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), storting the underlying cause  lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONTRIBUTING TO THE ATTENDANT CONTRIBUTION CONTRIBUTION TO THE ATTENDANT CONTRIBUTION TO THE ATTENDANT CONTRIBUTION TO THE ATTENDANT CON	7.2 110013		es, na, qrunknawn) (II yes give war or dates of service)	rovia. Md.
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. Other Significant Conditions Contributing to Death But not related to the terminal disease or condition given in Part 1(a)  19a. Date of Operation  19b. Condition for which Operation  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOW A.M.  PRIMARY OR CONTRIBUTING HOW A.M.  19 21d. INJURY OCCURRED WAIRE NOT WHILE NOT WHILE OF INJURY Month, Day, Year HOUR A.M.  19 21d. INJURY OCCURRED WAIRE NOT WHILE NOT WHILE NOT WHILE WAIR A.M.  22a. 1 certify that 1 taak charge af the remains described abave, held an Autopsy Automatical Examiner Actival Signature  22a. 1 certify that 1 taak charge af the remains described abave, held an Autopsy Aboress Street, city, tawn, or county  32a. EXAMINER'S NAME (Type)  23a. BURIAL (REMATION, 23b. DATE SIGNED Jun 2, 1969 Seals Cemetery Etchison, Md.  24. FUNERAL DIRECTOR  25a. RECO BY REGISTRAR 25b. REGISTR			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH
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WHILE AT WORK AT WORK   AT WORK   factory, affice building, etc.)  22a. I certify that I taak charge af the remains described abave, held an Autopsy   Inspection   Inquiry   And in my apide death resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner    ACTUAL SIGNATURE   ACTUAL SIGNATURE   ACTUAL SIGNATURE   ACTUAL SIGNATURE   ACTUAL SIGNATURE   ACTUAL SIGNATURE   ADDRESS(STANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   ADDRESS(Street, city, town, or caunty)  23a. BURIAL (REMATION, REMOVAL (Specify)   Jan. 2, 1969   Seals Cemetery   Etchison, Md.  24. FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25a. REC'D BY REGISTRAR'S SIGNATURE   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25a. REC'D BY REGISTR			PRIMARY OR CONTRIBUTING HOUR A.M.	m 18.)
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/			CERTIFICATE OF DEATH
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533	by Pages	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? A 8. MARRIED TO NEVER MARRIED TO STATE OF COUNTY OF DEATH
	5 4 6		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	ertificate be executed within 24 hours after physician and completely filled in by the filled in any event, within 72 hours after the filled in any event, within 72 hours after the filled in any event, within 72 hours after the filled in any event, within 72 hours after the filled in any event.		WIDOWED DIVORCED THOUT GOMENS MA
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	d d	14.	FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle Lost
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	a G a	1/0	WHAT DECEMBED FUND BY IS ADMITE FORESTED BY SOCIAL CERTIFICATION OF R.
	\$ 50 0 V		N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Evelyn McCoy Address
	certifica de physical monar,		Yes, no, or unknown) (If yes give wer or dotes of service) None Marker Same as Item 13.
	e de la		18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), apd (c).)  APPROXIMATE INTERVAL RETWEEN ONLEST AND GEATH
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	requires that the deoth certificate be executed within 24 hours after g physician.  I signed by the attending physician and completely filled in by the buriol-transit permit then please remove carbon papers. Pages buriol, crematian, or removal, and in any event, within 72 hours after		stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF
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	eque ph sig bu bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
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	the property	5	CAUCIC OF DEATING
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	or cat	1	210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	Stignification of the state of	MEDICAL	(If either, notify medical examiner) P.M. 19
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	PH e h nis ptac		While Not while \\OFFICE BUILDING, ETC.
	<b>OR ATTENDING PHYSICIAN:</b> The law requires the be retained by the hospital or attending physician. <b>DIRECTOR:</b> After this certificate has been signed by je 3 should be detached for use as the buriol-trained with the State Dept. of Health prior to buriol, cre	1	di work of work
	by by Sta		22a. I certify that (1) (this haspital) attended the deceased fram Recurification, 1965, ta flector, 1965, that (1) (we) last
	Ped Sed		saw the deceased alive an 200 1965, and that in (my) (sor) opinion death accurred an the date and haur and fram the
	H P O ST		causes stated above, (i) (we) (and tall not) view the bady after death.
	Wit St.		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
	e Se		DEGREE PHYS.   MED. STAFF PHYS.   1-2-69
	AL POST	1	22d. PHYSICIAN'S ( 22e. ADDRESS 2
	RA Hee		NAME (Type) Wm. T. MARCUS. 10620 Georgia Aul, Silver Splus,
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	02	The state of the s
	F. F. ho	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	0 0 p		Cremation 1-3-69 Cedar Hill Crematory Suitland, Maryland
	(pt)(1)		FUNERAL DIRECTOR ADDRESS 2SO. RECD BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE
	1/69	R	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 6 1999 Ichonies Judge
			JAN D MAS

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MARTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
17871 CERTIFICATE OF DEATH 178	32
1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
(Type or print) BERTHA VIOLA Me Crae December 7 1960	> 6:85 M
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (ID years   IFUNDER LYEAR	
Famale While 10-19-05 lost birthdoy) MONTHS OAT	HOURS MIN
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Jakama Peuk give street oddress) Son Hosp. Hehpak Ine Falls atturbet, V	2.
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odmission) STATE Virginia 136. COUNTY falls Church YES NO 7447 IDY/wood K	d,
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
William Firth Ed	WARDS,
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yesh no, or unknown) (Hyes give war or dates of service)  578-56-3100   17. INFORMANT   Address	10 1
710-74-7177 HEBY 101 SECOND FORCE	EXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral Edema 72	hours
162 DUE TO, OR AS A CONSEQUENCE OF 4 1-1.	0
(b) Carcinoma Melastatic to the train multiple	unknown
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	0
lost. (c) Carcinoma of lower love of left lung un	proun
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)	
S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	
(If either, notify medical examiner) F.M. 19	Stote
THE ROLL WHILE	31010
22a. I certify that (this haspital) attended the deceased fram, 19, ta, 19, the content of the deceased fram, 19	at (I) (we) last
saw the deceased glive an	r and fram the
causes stated abave, (I) (we) (did) (did nat) view the bady after death.	
226. SIGNATURE  226. SIGNATURE  MED.  STAFF  PHYS.  DIRECTOR D STAFF  PHYS.  12-7-	
	60.
Too I provide the second of th	
22d. PHYSICIAN'S NAME (Type) Somuch T. Kimbile.  22e. ADDRESS  B & P   Tengric Cont., Sifere	of pring
NAME (Type) Seruch T. Kimble 9801 Llengen had, Intom	Spring,
NAME (Type) Seruch T. Kimble  230. BURIAL, CREMATION, REMOVAL (Specify)  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town) (County)	(Stote) C.
NAME (Type) Seruch T. Kimble 9801 League line, Intom	(Stote) C.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17883 1. DECEASED-NAME Middle Inst 2g. DATE OF DEATH 2b. HOUR (Type or print) 7 December 1988 Paul William McCULLAGH, Jr. 11:50P 3. SEX 4. RACE 6. AGE (In years last birthday) hours ofter S. DATE OF BIRTH IF UNDER 24 HRS. IF UNDER I YEAR HOURS December 1968 Male Cauc by the ottending phystcian ond completely filled in by transit permit. Then please remove carbon papers. Pacemation, or removal, and in any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland WIDOWED | DIVORCED | USA Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done within 12b, KIND OF BUSINESS OR give street address) Naval Hospital during most of warking life, even if retired.) INDUSTRY Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Arlington YES NO Arlington 1830 Columbia Pike, Apt 510 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Paul William McCULLAGH Donna L. DEMPSTER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1830 ColAdrisia Pike Apt510 Yes, no, or unknown) (If yes give wor or dates of service) Paul W. McCULLAGH Arlington, Virginia NONE 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis, bilateral compatible with hyaline membrane disease DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit burial, cremati Canditians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detoched for use as the State Dept. of Heolth prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING hos YES X CAUSES OF DEATH? NO | TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that \$\pi\$) (this haspital) ottended the deceased from 7 December, 1968, to 7 December 191968, that \$\pi\$) (we) last sow the deceased give on 7 December 1968, and that the sow the deceased give on 7 December 1968, and that the solution of the date and bay and from the , and that in (our) opinian death accurred on the date and have and fram the director, page 3 should should be filed with the couses stated abave, (bx (we) did (bitchox) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 9 December 1968 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Naval Hospital. Bethesda, Md. 12-11-68 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) (Logan Oklahoma Summit View Cemetery Guthrie 24 FUNERAL DIRECTOR Robert A. Pumphrey FRESSeral Home 25a. REC'D BY REGISTRAR VR A15 (4) DATE DEC 16 1968 7557 Wisconsin Ave., Bethesda, Md. 45M - 1/69

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FOR STATE			884
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day OF ESTI- DEATH MATED 12	8 Year 68 3:45 M
y delay is and 3 to PM3. Poge arteent of	3. S	Last Mark and MONTON DAYS MONTON MAN	Year 19 68 2d. HOUR
Dep Dep		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH   WIDOWED DIVORCED   Montgomery	Mc
hours ofter deoth Item 18. Give Pages 1, Office along with form I and 2 with the State De after death.		Takoma Pk give street oddess San * Hosp during mosk hworking life, even if retired.) INDU	KIND OF BUSINESS OR STRY
hours ofter Item 48. Give Office along I and 2 with 14 after death.		1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE DC   136. COUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET AND NUMBER   136. STREET A	Church Bd
	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Bridgett mcGlvnn	Last
I within 24 n pencil in Exominer's File pages 72 hours		. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT hospital record	
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This certificate should be executed tote, writing the word "pending" is be forwarded to the Chief Medical I be used os a buriol-transit permit.	1	rise to immediate couse (a), stating the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF (c) auto accident  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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	N	WHILE AT WORK AT WORK office building, etc.)  Street  Wash. D. C.	unty State
blease exe director. Petained for burion to burion in to burion		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Swide , Homicide , Undetermined manner .  ACTUAL SIGNATURE	ond in my opinior
TO DEPUTY necessory, p the funerol 5 moy be n TO FUNERAL Health prior	230	EXAMINER'S BELOEN KEAPYD DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	18/968 nty) (State))
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20 DATE KNOWN Month Yeor (Type or Print) DEATH MATED IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Departme 2YRS To. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED the State in Item 18. Give Pages 10. CITY OR TOWN OF DEATH Office alang with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 2/2b. KIND OF BUSINESS OR during most of working life, even if retired death. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLPY OR TOWN 13b. COUNTY 14. FATHER'S NAME First be executed within (Yes, no, or unknown) APPROXIMATE IN within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) shauld be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: permi Myocardia IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove Cardio Vascular Years. rise to immediate couse (a), certificate shauld stating the underlying cause rterio Sclerosis Generalizen Vears. = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D racture 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? Nov. 28. 1968 NO V 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B. 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION Street or R.F.D. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection 🔽 Inquiry X and in my apinian death resulted fram: Natural causes , Accident X Suicide | Undetermined manner Hamicide 5 may be retained TO FUNERAL DII CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER JOHN G. BALL **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county Bethesda. Md. Ammondale Christian BrosBeltsvillerince Geg. Md. 230. BURIAL, EREMAZIONS 24. FUNERAL DIRECTOR RObert A. Pumphreyaddress 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 7557-Wisconsin Ave., Beth., Md. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

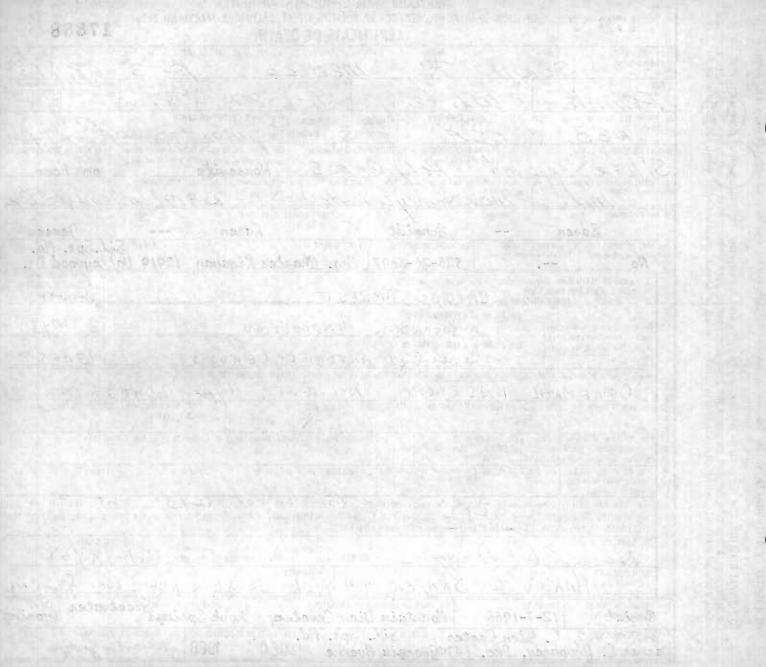
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		17875	DIVISION OF VITAL RECORDS			ORE, MARYLAND 21201	4 10 0 0	
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事人与上 章	3. 5	X	4. RACE	S	DATE OF BIRTH	6. AGE (in years		DER 24 HRS
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by by s. Pour	76.	BIRTHPLACE (Stote or foreign	Zb. CITIZEN OF WHAT COUNTRY?	8. MARRIED	INT AEK WAKKIED	OUNTY OF DEATH		100
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and completely filled in by Lernove carbon papers. Promove vent, within 72 hours	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If not		CCUPATION (Kind of work don	12b KIND OF BUSINE	ESS OR
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mple e car	13o.	USUAL RESIDENCE (Where deceos ssion) STATE	ed lived, if institution: Residence before	13c. CITY OR TO		13e. STREET AND NUMBER	-/	
on love		1110	Mone	Delke	eson YES NO	RI# 2		- 47
and n on	14.	ATHER'S NAME First	Middle Lost	1S. 1	MOTHER'S MAIDEN NAME First	Middle	Los	st
ng Sep	1/-	WAS DECLASED EVED IN U.S. PA	24 M/CKZ	eq	He51	el /llo	Myser	9
<b>PUNERAL DIRECTOR:</b> After this certificate hos been signed by the ottending physician and lompletely filled in by the tamed director, page 3 shauld be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the Stote Dept. of Health prior to burial, cremation, or remavol, and in ony event, within 72 hours after death	160. Y	WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If w give w	MED FORCES? 16b. SOCIAL SECURITY or or dates of service)	// 1	ORMANT //	Address	4401-1120	Ripa
nen		740		116	01111am111	12/2000/14	ADDROVIMATE IN	See
Ten T		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED	ly one couse per line for (o), (b), and (c) BY:	).)			APPROXIMATE INTO	MEANE.
signed by the ottending burial-transit permit. Th burial, cremation, or remi		LL270 IMMEDIA	O BY: ITE CAUSE (a) Pulmonary ed		congestion			
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nsit		rise to immediate couse (a),	(b) congestive		allure			
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D.L.			(c)	NOT PELATED TO T	HE TERMINAL DISEASE OR COND.	ITION CIVEN IN DART I/a)		
o e	_	4341	DITIONS CONTRIBUTION TO DEATH OUT	TOT KLEATED TO T	THE TERMINAL DISEASE OF CONDI	ITION GIVEN IN PART I(0)		
100	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYI	ING
d d	TIFIC				YES NO	CAUSES OF DEATH?		
5		210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (Enter note	ure of injury in Port 1 or Port :	2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Doy Year per) P.M.	9				
	ME	21d. INJURY OCCURRED 21e			TION Street or R.F.D. No.	City or Town	County	Stote
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5		22a. I certify that (I) (thi	s hospital) ottended the deceasive an	sed from D	20/ 196V	, ta pec // ,1	19 6 that (1) (	we) last
ne ne		saw the deceased al	ive an <u>Oec (</u> , (I) (we) (did) (did nat) view the	196 , ond t	hot in (my) (our) apinior	n death occurred on the	dote and haur and f	rom the
<u>=</u>		22b. SIGNATURE	, (i) (we) (aid) (aid hal) view the	body after dec	uin.	1 99	2c. DATE SIGNED	
<u>&gt;</u>		Stru	ral Volaxis is	L D DEGREE	ATTENDING MED. PHYS. DIRECT	STAFF ME	11.12	
= 1		22d. PHYSICIAN'S		YN A	22e. ADDRESS 54/	5 W. Ceda	0 / 1014	
d be		NAME (Type)	vart Clapp	M.P.	RoTh	erdo XII	rane	
onlino	23o.	BURIAL, CREMATION, 23b. D	DATE 23c. NAME, OF	CEMETERY OR CR	EMATORY 1 230	d. LOCATION (City or Town)	(County), (Stot	ote) /
3 5	Pos	BURIAL, CREMATION, 23b. D REMOVAL (Specify)	1-18-68 MARTIN	sbura (	Cemetery N	1ARtinsburg	The state of the s	ral.
R A15 (4)		UNERAL DIRECTOR	ADDRESS	1	2So. RECAD BY REC	GISTRAR 25b. REGISTRA	R'S SIGNATURE	
1/69	1	obert I. S.	nowden Kock	Evelle	emd DADEC 2 (	0 1968 Relia	res Judge	

		1226 D	IVISION OF VITAL RECORD	S, 301 W. PR	RESTON STREET, BAI	LTIMORE, MAR	YLAND 21201		
93		1.0.0		CERTIFIC	ATE OF DEATH			1788	7
Ī		EASED-NAME First	Middle	10.	Last	2a. DATE OF [			2b. HOUR
	(1)	pe or print) Emm	a Mar	ie Mc (	learry		Month Do	Yeor 68	11:40 M
3	. SE	-	4. RACE		S. DATE OF BIRTH	- /	6. AGE (In years last birthday)	IF UNOER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
L		Female	White		10/30/	10	YRS		HIGORS MILE.
	o. B		. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH		
L		D.C.	U-5, H.	WIDOWED		Mo	unlger	nary	Md.
ľ	0. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street oddress)	INSTITUTION (If no	of in hospitol 120. US	most of working li	Kind of work dane fe, even if retired.)	12b. KND OF INDUSTRY	BUSINESS OR
-	3	JSUAL RESIDENCE (Where deceased)	jud if institution, Paridons hafe	May dry OB	TOWN 13d. INSIDE CIT	0	EET AND NUMBER	own r	uome
a	idmis	sian) STATE md-	13b. COUNTY Mountyon	and later	YES TO		3 4 400	ton Pa	nd .
1	4. F.	ATHER'S NAME First	Middle Lost	115	MOTHER'S MAIDEN NAME		Middle	2 100	Lost
ľ		Henry	G. Wiene		THE PARTY OF THE P	Emma		Rei	cker
h		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURI		NFORMANT	Charee	Address	200	
ı	Ye	s, no, or unknown) (If yes give war ar	dates of service) 577-48-	7913 En	nma De Simon	re 1280	6 Matey 1	Road S.	S. Md.
F		18. CAUSE OF DEATH (Enter only o	ne cause per line for (o), (b), and		6	11	1	APPROXIA	MATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUSED B'	Y: /	ande	W. Osno	upper	ence/	11	7 .
		4109	DUE TO, OR AS A CONSEQUENCE	OF C	to M	11,	10 11.	1 ,1	~1
ı		Conditions, it ony, which gave)	(b) C	Du	& //the	cardla	Mary	101 40	Mr
1		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF James	/	H-1/60	18/11	11.	
ł		last.	(c) W	ung	selenal	ll May	y persel	20 161 2	up.
1		PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMINAL DISEASE O	RCONDITION GIVEN	IN PART I(o)		Edit it
1	NO.	19a. DATE OF OPERATION 119b. COM	IDITION FOR WHICH OPERATION WAS	PEREORMED	20a. AUTOPSY?	20b IF 1	YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
1	CERTIFICATION	Tru. col	THE PROPERTY OF EASTOR THE	- LIN VIIIILD	YES NO	CALISES	OF DEATH?	The same of the sa	
	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HO	OW INJURY OCCURRED (En		in Port 1 or Part 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Ye	ear 19					
-	MEC	21d. INJURY OCCURRED   21e. PLA	ICE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.		CATION Street or R.F.D.	Na. City o	ar Town	County	State
		at wark at work							
		22a   certify that (I) (this	naspital) attended the dece	ased fram_C	lucy, 19	65, ta 2	leer,1	9 <u>68</u> , that	(I) (we) last
		saw the deceased alive	(we) (did) (did nat) view t	_19_6_Yand	d that in/(my) <del>(our)</del> a leath	ipinian death a	ccurred an the c	late and haur	and tram the
I	-	22b. SIGNATURE	, (we) (did) (did fidi) view ii	a body direi d			220	DATE SIGNED	(
	1	Mulh	8 //JIII	DEGRI	EE PHYS.	DIRECTOR	STAFF PHYS.	12/1/	5/
		22d. PHYSICIAN'S	a supple	12	22e ADDRESS	M.	1.11	7 /4	0
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2	23o.	BURIAL, CREMATION, 23b. DAT		OF CEMETERY OR			(City ar Town)	2/	(STail)
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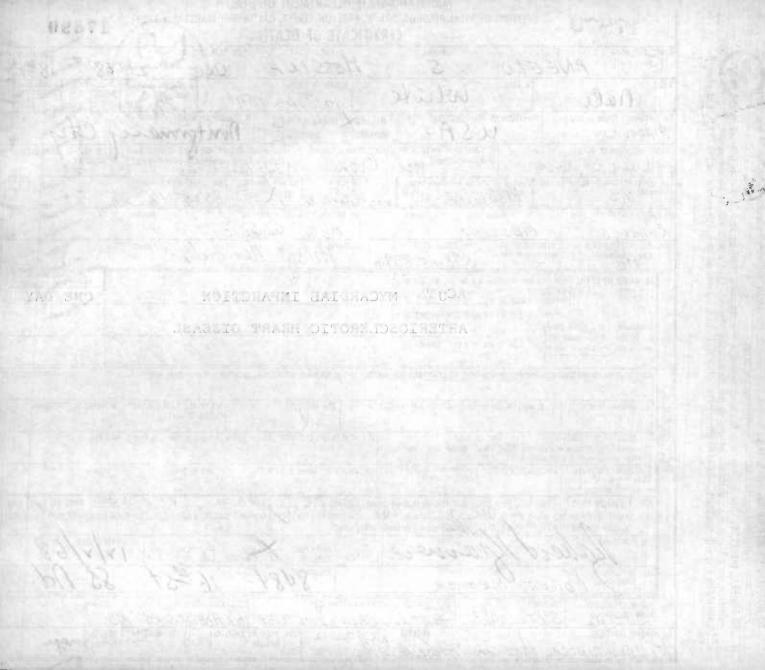
MAKILAND STATE DEPAKIMENT OF HEALTH

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		AMOMO	DIVISION OF VITAL RECORDS,	301 W. PRESTON	STREET, BALTIM	ORE, MARYLAND 21201	1 14000
		TIGER		CERTIFICATE	OF DEATH		17890
~ -	1. DE	CEASED-NAME First		Last		2a. DATE OF DEATH	2b. HOUR
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		IRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVE	R MARRIED 9.	COUNTY OF DEATH	p.L
L	77	MEYLAND	ush.		DIVORCED [	Montamere	1 CVY Md.
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hasp	pital 12a. USUAL (	OCCUPATION ( and af wark dane	12b. KIND OF BUSINESS OR
1	8	werdflu	give street address) Hol	y Closs.	during most	af warking life, even if retired.)	INDUSTRY '
		USUAL RESIDENCE (Where decea	sed lived, if institution: Residence befare	13c CITY OR TOWN	13d. INSIDE TTY LIMITS	37 13e. STREET AND NUMBER	
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F	14. F	ATHER'S NAME First	Middle Last	IS. MOTHE	R'S MAIDEN NAME First	Middle	Lost
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t	16a.	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY		- 4	Address	
ı	Y	es, na or unknawn) (If yes give	war or dates of service) 578-05-8.	396	USA! /10	eads!	
F		10 CANCE OF DEATH /Cotor of	nly ane cause per line far (a), (b), and (c).		-		APPROXIMATE INTERVAL
١		PART I. DEATH WAS CAUSE	D BY: ACTTTE	MYCARDIA	T TAIDADC	TON	BETWEEN ONSET AND DEATH
ı		11100 IMMEDI	ATE CAUSE (a)	MICARDIA	L INFARC	TION	ONE DAY
		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	GGT DROMT		2742142	
		rise ta immediate cause (a),	(b) 11111 DICE	SCLEROTI	C HEART	DISEASE	
1		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
1		last.	(c)				
1		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)	
l	N	4201					
۱	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a.	AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
ı	RIFI			Y	ES NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYIN		21c. HOW INJUR	XY/OCCURRED (Enter no	ature of injury in Part 1 or Part 2, It	tem 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF OEA (If either, natify medical exami	ner) P.M.	9			
	ME	21d. INJURY OCCURRED   21e.	PLACE OF INJURY ( AT HOME, FARM, STREET, FAI	TORY.) 21f. LOCATION	Street ar R.F.D. Na.	City or Town	County State
ĺ		While Not while at wark			, ,	7	4.01
		22o. I certify that (I) (th	nis hospital) attended the decessions on the decession of	ed from Se	10 , 1962	0, to 12-2, 19	of that (I) (we) lost
		sow the deceased of	olive on Dec V	968, and that i	n (my) (our) opini	on deoth occurred on the dot	e ond hour ond from the
١			e, (I) (we) (did) (die har) view the	body ofter deoth.			
		22b. SIGNATURE	Allanne	AT	TENDING MED	STAFF	ATE SIGNED
ł		garer	1810000	DEGREE PH	IYS. DIRE	CTOR L PHYS. L	111/00
١		22d. PHYSICIAN'S NAME (Type)	a- Wayne	226	e. ADDRESS/OU	11 4Ct.	Q. 11d.
		1000	ERT KRAMER		040/	10-01	00 1/4
ĺ	23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATE		23d LOCATION (City or Town)	(Caunty) (Sfate)
l			DEC. 1968 FORTA	IN COLN L	EMETERY 1	EXADENS OURG MI	D,
	24.	PUNERAL DIRECTOR	ADDRESS	DC/2001	2 2So. REC'D BY F	REGISTRAR 458 25b. REGISTRAR'S S	SIGNATURE
l	1	IN ADDITUNERAL	TRIME AVE. 1400GEORG	GAHUE. N. Y	V. DATE		1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17891 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after deoth (Type or print) Month Harry Miles Norman 1968 December 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost bighday) DAYS HOURS 1887 Male White August 27. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED .⊆ country) Montgomery DIVORCED [ U.A.A. WIDOWED [ Maryland completely filled signed by the ottending physicion ond completely filler burial-tronsit permit. Then please remove Corbon pop buriol, cremation, ar removal, ond in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 267 ngressiona Turing most of working life, even if refired.) INDU INDUSTRY Rockville 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATMaryland 13b. COUNTY Montgomery Rockvile YES X 263 Congressional Lane 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle lost (Unknown) Herbert Miles Jenny 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) 218-38-8260 Wife ( Above ) APPROXIMATE INTERVAL ottending parmit. The 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the Stote Dept. of Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES -210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 12-15
saw the deceased glive an 12-21 1966, and that in ( saw the deceased alive an. .1966, and that in (my) (exc) opinion death accurred on the date and have and from the 4 moy be retained causes stated abave, (1) (we) (did) (did net) yiew the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYSICIAN'S NAME (Type) William G. Hall 615 West Montgomery Avenue 23c. NAME OF CEMETERY OR CREMATORY OF THE LOCATION (CHA OF TOWN) (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 12/31/68 Damascus Montg. Maryland Damascus Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 1331 Rockville Tyson Wheeler Funeral Home Rockville, Maryland

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20, 1887 81	trongers.	Co de s		e C. H.
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	10001	DIVISION OF VITAL RECOR			MORE, MARYLAN	D 21201	
			CERTIFICATE C	OF DEATH		1	7892
1. DECEASE		Middle	Lost		20. DATE OF DEATH		2b. HOUR
(Type or	mar	inn Wi	milane	,	1020 Mai	nth Doy	Yeor 0 256 M
3. SEX		4. RACE	S. DATE C	OF BIRTH	6. AGE	(In years IFU Man)	INDER I YEAR IF UNDER A HRS
1100	F	White	4	-30-0	8 lost b	irthday) Mani	THS DAYS HOURS MIN
70. BIRIHP	LACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		COUNTY OF DEATH	TKS.	
country	1.4.	71.5A.		DIVORCED	musi	metron o o	
10. CITY OF	R TOWN OF DEATH	11. NAME OF HOSPITAL O	R INSTITUTION (If nat in hospit	itol 12a, USUAL	OCCUPATION (Kind o	work done	2b AIND OF BUSINESS OR
9 73	Then 1a.	give street oddress)	er hand	during mos	of working life, eve	if refised.)	ewife
13o. USUAL	RESIDENCE (Where decease	ed lived, if institution: Residence be	fore 13c. CITY OR TOWN	13d. INSIDE CITY LIMI	ITS?   13e. STREET AND		011220
6 odmissien	Varyland.	13b. TOUNTY	Bethesd	YES NO	0 830	57N00	ad Raum
14. FATHER	'S NAME First	Middle Lo	st IS. MOTHER	S MAIDEN NAME Fire	st Oa	Middle	Lost
	charle.	1) King	18 16	mn2.	Ster	ens.	,
160. WAS 1	DECEASED EVER IN U.S. ARMI		RITY NO. 17. INFORMANT	T,	,	Address	anced
Yes, no,	ar unknown) (If yes give wa	or or dates of service) 577-44-	2575 al	chand	wim	mile	celone
1B. C	AUSE OF DEATH (Enter only	y one couse per line for (a), (b), on	1(a)	1		- Inches	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), on BY: Calcific	aortic stend	osis			BETWEEN ONSET AND DEATH
130	750 IMMEDIA	DUE TO, OR AS A CONSEQUENCE		0010			25 yrs
	itions, if ony, which gove	(b) Rheumati					25 yrs
	a immediate couse (o),	DUE TO, OR AS A CONSEQUENCE					L) J + 0
lost.	ng the underlying couse	(d)	. 01				
PART	2 OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO DEATH B	IT NOT PELATED TO THE TERM	MINIAI DISEASE OPCO	NDITION CIVEN IN DAD	T 1(a)	
41	NASHT	7 = 11.	THE TEXT	116-	1 0	1	10
19a. D.	ATE OF OPERATION 196, C	ONDITION FOR WHICH OPTRATION W	S PERFORMED 200 A	AUTOPSY?	100 IE VES WE	DE EINDINGS CONSIL	DERED IN CERTIFYING
FECA				s NO	CAUSES OF DEAT		ACKED IN CERTIFICATION
21a. A	ACCIDENT WAS UNDERLYING	3 21b. TIME OF INJURY			nature of injury in Part	t l or Port ltem	IRI
₹ □ OR	CONTRIBUTING CAUSE OF GEATH	HOUR A.M. Month Doy	/ear	·	, and the state of		10.)
Z 10.	her, notify medical examine INJURY OCCURRED   21e. F	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	T, FACTORY, 1 21f LOCATION	Street or R.F.D. No.	City or Town	Co	ounty Stote
While	Nat while at work	OFFICE BUILDING, ETC	211. EOCATION	Sileer of K.I.D. No.	City of Town	CO	only stole
22g	I certify that (1) (this	s hospital) ottended the dec	acced from	10 44	of to 19/2	10 /-	3 that (1) () 1
220.	sow the deceased oli	ve on 12-9-6}	2.19, and that in	(my) (our) apini	ion death acture	d on the date of	g_, inoi (i) (we) lost
	causes stoted obove,	(I) (we) (did) (did not) view	the body ofter deoth.	. (, (oo, apin	ian acam accome	a on me dule 0	na naor ana main me
	IGNATURE	1) 1	/	THOMAS ASS		22c. DATE	SIGNED
	Jaul N	Lantos	DEGREE PHYS	ENDING MEI	D. STAFF PHYS.	0 12	127/18
	PHYSICIAN'S	T D CANTOD	22e.		XXX 470	9 Monte	omery La.
	NAME (Type) PAU	L D. CANTOR		E	Bethesda	Maryla	nd
23a. BURIA	AL, CREMATION, 23b. D.		OF CEMETERY OR CREMATOR		23d. LOCATION (City of		ounty) (State)
Cr		-30-68 Ceda	r Hill Cre		Suitlar	nd, Mar	ryland
24. FUNERA	AL DIRECTOR ERT A. PUM	PHREY, Bethes	da. Md.	2So. REC'D BY	REGISTRAR 2Sb.	REGISTRAR'S SIGN	ATURE
LOD.		, , , , , , , , , , , , , , , , , , , ,		DATE JAN	2 1969	gelian	es judge

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MAKYLAND STATE DEPARTMENT OF HEALTH

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n 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
-		894
death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH  (Type or print) Thomas P. MORGAN DEC. 12 19	2b. HOUR
t haurs after death.  in by the funeral ers. Pages 1 and 2 2 haurs after death.	3. SEX 4. RACE S. DATE OF GIRTH 6. AGE (In years I FUNDER I Y	ZEAR IF UNDER 24 HRS. DAYS HOURS MIN
4 haurs	70. BIRTHPLACE (State or foreign country)  75. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED DIVORCED NOW TO MERCY	Md.
ed within 24 oletely filled carban pap ent, within 7	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.); INDUST HOLY CROSS HOSP.	ND OF BUSINESS OR RY RY
ecuted within 24 completely filled ave carban papy y event, within 7	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE  136. COUNTY MONT.  137. CITY OR TOWN 137. ISSUE CITY LIMITS?  138. STREET AND NUMBER  12403 FELDO.	N St.
be executed and control and co	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST Middle HENRY WILLIAM'S MORGAN LOUISE HERR M.	ORGAN
nhysician en physician eval, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yor give wapper distance service) 217-44-0035 C.BRENT MORGAN 823 S. ROYAL ST. ALEXA.	
equires that the death certific physician. signed by the attending phys burial-transit permit. Then burial, crematian, ar removal,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH  Left
The law requires that tatending physician. has been signed by the se as the burial-transit the prior ta burial, crema	rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) France Complete  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART 1(a)	0 •
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then person earban pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death	11/24/68 + 11/27/68 Obstruction Caroted Byte: YES NO CAUSES OF DEATH? Les 21/4. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	IN CERTIFYING
IG PHYSICIAI the haspital ir this certifica detached fa	[If either, notify medical examiner) P.M. 19 2 Id. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City ar Town County While Not while of wark of wark	Stote
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TO HOSPITAL Page 4 may TO FUNERAL I director, pageshould be file	23c. Burial, CREMATION, Cremation, 12/15/68   23c. NAME OF CREMETERY OR CREMATORY   23d. LOCATION (City or Town)   County   Use of County    (State) 20002	
VR A15 (4) 30M REV, 1/68	24. FUNERAL DIRECTOR  Lee Funeral Home Washington, D.C.  ADDRESS  DATE DEC 19 1968  Clores	Judge

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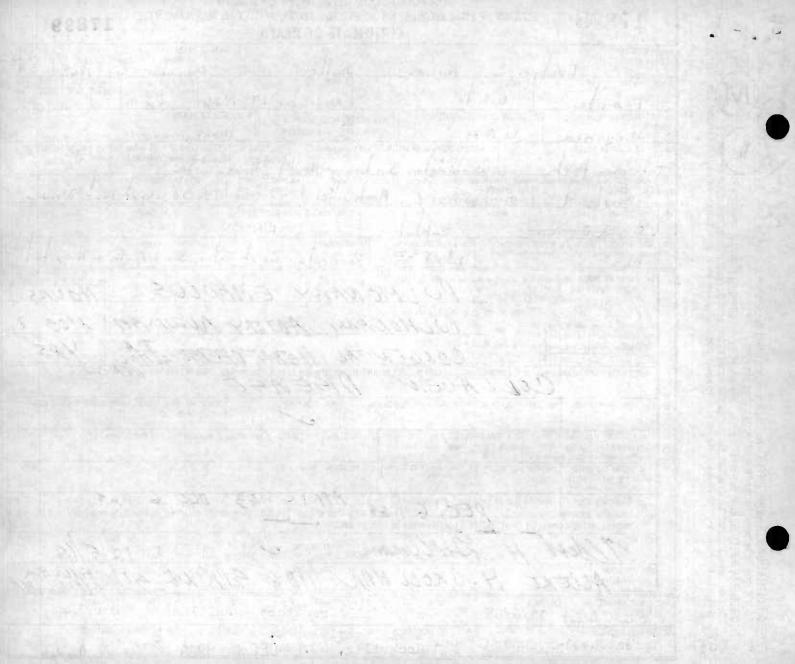
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17897 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death. 2b. HOUR 24 haurs after death (Type ar print) GEORGE A. MOSE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR last birthday) MA LE CAUCASIAN APRIL 17, 1914 YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OF COLUMBIA USA WIDOWED [ DIVORCED X MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) BETHESDA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER WASHINGTON. 13d. INSIDE CITY LIMITS? 18b. COUNTY COLUMBIA YES V 1739 Q ST., N.W. WASHINGTON 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate be ROBERT MOSE LELIA MEDICALD 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 12912 ALIERTON LATTE Address Yes, no or unknown) If yes give war or dates of service) 225-46-5738 SILVER SPRINGS, MD. ORVILLE S. MOSE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Acute gastrointestinal hemorrhage secondary to BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF multiple small bowel ulcerations Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from NOV • 16 , 19 68 , ta DEC • 3 , 19 68 , that (2) (we) last saw the deceased alive on DEC • 3 1968 , and that in (10) (our) opinion death accurred on the date and hour and from the be retained causes stated abave, N) (we) (did) (Mid Wiview the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF December 4, 1968 DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS John S. Ratliffe, M.D. Naval Hospital, Bethesda, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) Dec 6, 1968 ARLINGTON NATIONAL CEMETERY ARLINGTON ARLINGTONVIRGINIA 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR VR A15 (4) Miaries 1968 FRANCIS GASCH'S SONS, HYATTSVILLE, ND. DATE DEC 9 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH

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	7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
		CERTIFICATE OF DEATH	17900
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rsic ospi certi hed t. o	1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 121d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while 100 Not whil	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detoched for use as the buriol-transit permit. Then pleas should be filed with the State Dept. of Health prior to buriol, crematian, or removal, an		While Not while of work of work	County State
NG the ter ter tate		22a. I certify that (1) (this haspital) attended the deceased from Jan 7, 1966, to 25.	ec, 1968, that (1) (we) last
ND Sed to the Sec		saw the deceased alive an 196, and that in (my) (aur) apinian death accurred	an the date and haur and fram the
O Sin Con the		causes stated above, (1) (we) (did) (and pot) view the bady after death.	
R A REC		226. SIGNATURE  ATTENDING MED. STAFF PHYS.  DEGREE PHYS.  MED. DIRECTOR PHYS.	Dee 28 1968
o d o d o d o d o d o d o d o d o d o d		22d. PHYSICIAN'S DIRECTOR PHYS.	L 1960
ma) RAL	1	NAME (Type) Alfred L. Norton 22e. ADDRESS 7710 Dwight D	r. Bethesda, Md.
Sold UNE	2	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of	Town) (County) (Stote)
Pog Pog			Montg. Md.
	1 2	24 FUNERAL DIRECTOR ADDRESS 250 RECID_BX_REGISTRAR 25b	REGISTRAL'S SIGNATURE CALLED
VR ALS	F	Robert A. Pumphrey, Bethesda, Md. 20014 DATE JAN 6 1969	the same

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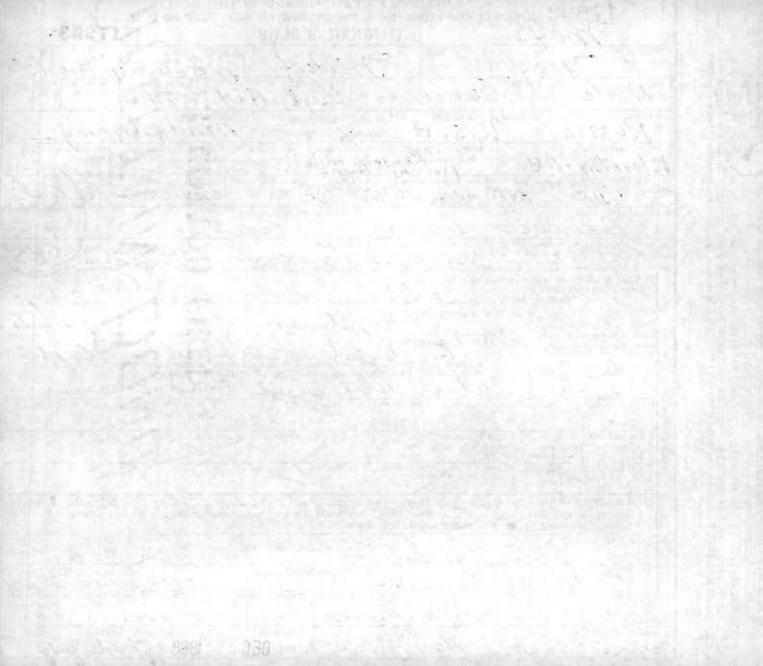
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Month Ber 9:05A DAWN R. MYERS S. DATE OF BIRTH hours after 3. SFX 4 RACE IF UNOER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years -lost highdry DAYS 7/3/67 White Female 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ond in ony event, within 72 ho Montgomery IISA WIDOWED [ DIVORCED I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Hospital Silver. S ring Cross 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Ce Georges Beltsville YES NO 11216 Evans Trail, Belts. 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle ottending physicion and permit. Then please rem Bailey Wayne Myers Patricia Anne Kenneth requires that the death certificate be 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown)
none father Kenneth 11216 Evans Trail Belts Md. cremotion, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the oburiol-tronsit po Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) use as the prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote City or Town County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 12-14 1964, and that in (my) ( opinion death occurred on the date and hour and from the saw the deceased alive an\_ director, page 3 should causes stated abave, (1) (we) (did) (did hat) view the bady after deoth. 22b. SIGNATURE 22c. DATE/SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 1040 NAME (Type) STLVER 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State)) 2/2 LAZSO. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR DATE DEC 5

MIAKTLAND STATE DEPARTMENT OF REALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH	
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Page For FUN direct shaul	BAUNCHINL 12-9-1968 NATL MEMORIAL HARK FALLS CONSECH	VB.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17905 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-Page Albert D Newman o DEATH MATED delay and 3 the State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthday) P.M3. HOURS 9/13/18 Doy Male White 12 10 Year 19 68 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED TO NEVER MARRIED Office alang with form (ountry) N.Y. USA WIDOWED [ DIVORCED [ Montgomery Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 60 give street oddress Holy during most of working life, even if retired.) INDUSTRY Home Improvement Contractor Silver Spring Cross Hosp. death. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Silver Spring. 13b. COUNTY Montgomery odmission) STATE 12605 Atherton Dr. Sil. Spring YES X NO l and 2 v after 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Jack Newman Edna .= pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pency (Yes, no or unknown) 051-10-3781 same as 13 above Jan B. Newman = APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (of (b), and (c)) be executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY the certificate, writing the word "pending" 4 shauld be farwarded to the Chief Medic IMMEDIATE CAUSE (o) event DUE TO BY AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gove rise to immediate cause (a), certificate should writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [ pe 210. EXTERNAL CAUSE WAS 9 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) should PRIMARY TOR CONTRIBUTING T HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry X and in my apinion director. death resulted from: Natural causes Accident Suicide Hamicide Undetermined mariner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE. Health **EXAMINER'S** may ADDRESS(Sheet City fown or county) NAME (Type) the 0 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) Dec. 12, 1968 G. W. Cemetery Hyattsville. Md. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17907 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR deoth (Type or print) ANDREW DECEMBER NEWMAN M. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNCIFE 1 YEAR last dirthday) MALE CAUCASIAN MAY 12, L899 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTY YORK USA MONTGOMERY WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af Making life, even if retired.) NA VAL HOSPITAL BETHESDA, MARYLAND MUL TARY burial, cremation, or removal, and in ony event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER comp admission ASTATEL AND 186. COUNTARLES TOMPKINSVILLEYES NO X 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last NEWMAN JOHN ANNA Μ. (UNKNOWN) pleose 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (7514 PR)MANWILLIAM A. NEWMAN Address Yes, wo or unknown) (There give war or dates observice) 213-44-6013A 4502 EAST-WEST HIGHWAY, BETHESDA, MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY MALIGNANT MELANOMA WITH MULTIABLE METASTASIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached for use as the State Dept. of Heolth prior to OR ATTENDING PHYSICIAN: The low 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this haspital) attended the deceased from Nov 25, 1960, to DEC 12, 1960, that XX (we) last saw the deceased alive an EC 12 1960, and thot in (MY) (aur) apinion death occurred on the date and hour and from the be retoined director, page 3 should should be filed with the causes stoted above, (1) (we) (did) (XXXXX) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 13 DEC 1968 DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DEAN CDR, MC, USN NAVAL HOSPITAL, BETHESDA, MD. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) ARLINGTON NATIONAL CEMETERY ARLINGTON. V IRGINIA 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 DATE DEC 1 8 1968 7557 WISCONSIN AVE., BETHESDA, MARYLAND

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FOR STATE HEALTH DEPT.    Dept.   Dept	1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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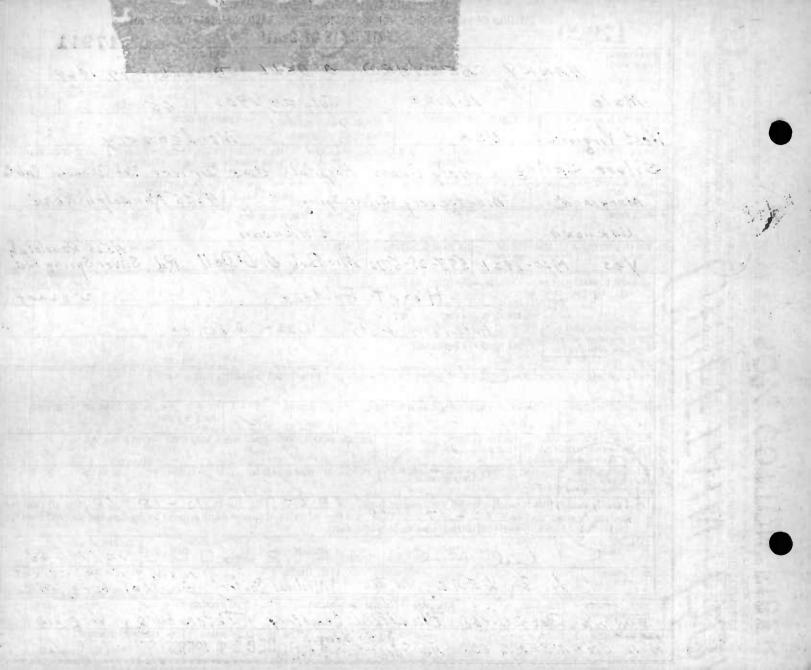
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17909 CERTIFICATE OF DEATH Hilled in by the funeral propers. Pages 1 and 2 ithin 72 hours after deoth. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after deoth (Type or print) Month Day :50Pm nicholson 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IE UNDER I YEAR IE UNDER 24 HRS. lost birthdoy) White June 16.1888 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA WIDOWED | DIVORCED [ Pelli monigomery within ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done) 12b. KIND OF BUSINESS OR give street oddress) carbon during most of working life, eyen if retired.)
Housewire **INDUSTRY** Patomac Valley burial, crematian, or removol, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) Maryland 13b. COUNTY tgomery GaithersburgyESK physicion ond comen pleose remove NO 202 N. Frederick Ave. 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Lost requires that the death certificate be Charles W. Ward Hattie Duvall 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) Gaithersburg. J. Arthur Nicholson. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) rd Codulai Hemovrhage DUE TO, OR signed by the c burial-transit p Conditions, if ony, which gove ) Huteriosclavoses evebro. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 for use as the t f Health prior to b has been the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or otte CAUSES OF DEATH? YES [ NO Z TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year director, page 3 should be detached should be filed with the Stote Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an Dec-G and that in (my) (our) apinion death accurred an the date and have and from the causes stated abave, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d PHYSICIAN'S 22e. ADDRESS Jack Schumacher, M.D. NAME (Type) Gaithersburg, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Dec.9,1968 Salem Meth. Cedar Grove. Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Olin L. Molesworth. Damascus, Md. Melantes 196B DATE DEC 10

MARYLAND STATE DEPARTMENT OF HEALTH

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TAMES		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
<u> </u>		DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
er deot funeral 1 ond er deot	(	Type or print) HARRY BERNARD O'DELL December 19 1968 M
fun 1	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR I F UNDER 24 HRS.
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crifficate b physicien phose over and		D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
三		Yes, na, arunknawn) (If yes give war or dolles of sarvice) 1920-1921 578-28-5720 Mrs Brk O. O'Dell Rd. Silver Spring 1920
The month		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
ne death cer attending permit. Th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure 2 years
de de erm erm n, o		4/29 DUE TO, OR AS A CONSEQUENCE OF
the crimp notion		Conditions, if any, which gave) (b) Arterio scle to tie Heart Disense
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d b		stating the underlying cause last.    Stating the underlying cause   Consequence of the underlying cause   C
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The law range of the la	CERTIFICATION	YES NO CAUSES OF DEATH?
e he he he he	GRI	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
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Spi	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospital or ottending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removel, and in any event, within 72 hours after deoth		While Nat while at wark
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ENG Ped Pid The	- 3	saw the deceased alive an (2 + 17 19 6, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
TR P S S S S S S S S S S S S S S S S S S		22b. SIGNATURE/ 22c. DATE SIGNED
d w		DEGREE PHYS, DIRECTOR
AL (AL Dagge file		22d. PHYSICIAN'S , 108 N. Federal Street
D HOSPITAL OR ATTENE Poge 4 may be retained Funeral Director: A director, page 3 should should be filed with the	L	NAME (Type) L. I. LEAL, M.D. Medical Center Baithersburg, Md
FUS TO	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) . (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BURIAH Dec 21, 1968 Blandford Cemetery Petersburg, Virginia
VR A15 (4)	24.	FUNERAL DIRECTOR  ADDRESS 8655 Georgia 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ADDRESS 8655 Georgia 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV. 1/68	1	W. W. CHAMBERS CO. Ave Silver Spring, and DATE EC 2 3 1008 montes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17912 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR A (Type or print) December Anthony Paul Oliveri 7:30 M 4 PACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF LINDER 1 YEAR last birthday) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state of the prior to buriol, cremation, or removal, and in any event, within 72 hours after the prior to be Male White 18 September 1946 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington, DC USA DIVORCED [ Montgomery WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) Appren: Electrician Bethesda INDUSTRY Clinical Center 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? Prince Georges 9805 Telegraph Road, Apt Maryland YES X Seabrook IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Anthony S. Oliveri Laura Swetland 17. INFORMANT The Medical Records Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no or unknown) 579-62-1018 The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 3 weeks Hepatic Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) Hodgkin's Disease 1 year rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or attending physicion. stoting the underlying cousei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 220. I certify that \$() (this hospital) attended the deceased from 1 Nov., 19 68, to 6 Dec., 19 68, that (1) (we) lost saw the deceased alive an 6 December 19 68, and that in (100) (aur) apinion death occurred an the date and haur and from the couses stated abave, (b) (we) (did) (dictional) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF PHYS. 6 December 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Peter J. Rosen, M.D. Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b DATE REMOVAL (Specify) Dec 9, 1968 Colmar Manor Pro Geo Md. Ft Lincoln Cemetery ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/6 Gasch's Sons Hyattsville, Md.

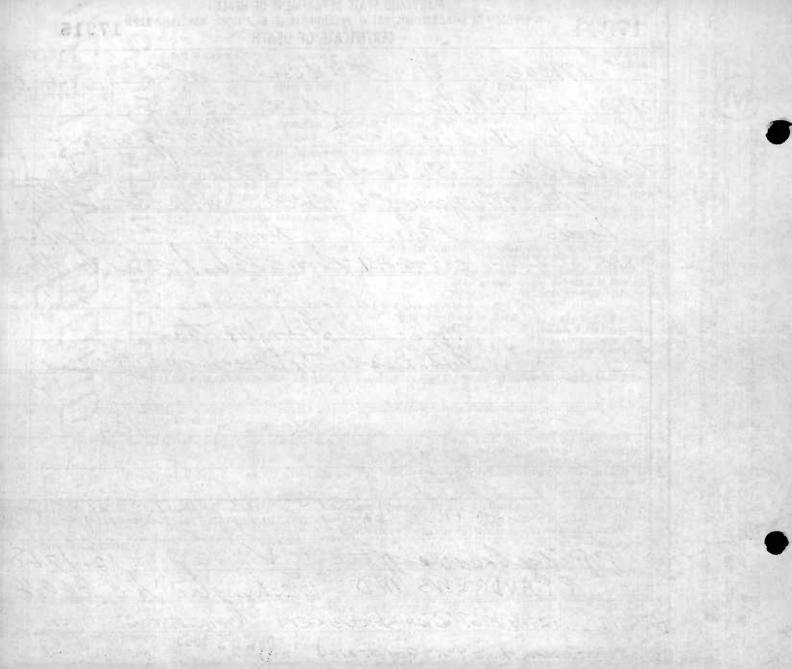
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7913 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR haurs after death eath eral (Type or print) Month M. ena ram 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YLAR IF LINDER 24 HRS last birthdoy) MONTHS DAYS White 3-1-1901 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. Pennsylvan.a WIDOWED DIVORCED [ Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Potomac Valley 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER be executed odmission) STATE md. 13b. COUNTY Montgomery Rockville Ave Reading remave YES 🔀 14. FATHER'S NAME and First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost UNKNOWN UNKNOWN physician certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no of unknown) (If yes give war or dates of service) Rest Home Records burial, crematian, or remayal. UNKNOWN APPROXIMATE INTLEVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH requires that the death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE the Conditions, if ony, which gove ) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE-OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached far use as the State Dept. af Health prior ta has been OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO 7 **DIRECTOR:** After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an\_\_\_\_ 12/6/1968 and that in (my) (our) opinion death occurred ag the date and have and fram the be retained directar, page 3 shauld shauld be filed with the couses stoted obave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S FUNERAL 22e. ADDRESS NAME (Type) Jones M.D. Stephen direct 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Parklawn Cemetery Rockville Maryland 0 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE DEC 9 actionles Judge 1968 Tyson Wheeler Funeral Home 45M Rockville. Md

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	e execu	1	14. F	ATHER'S NAME, First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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	R: /			saw the deceased alive an 1967, and that in (my) (aur) apinion deoth accurred an the date and hour ond from the causes stated above, (I) (we) (did) (did not) view the bady after death.
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	OR 3			ATTENDING THE MED. STAFF
	y by			22d. PRYSICIAN'S 22e. ADDRESS 22e. ADDRESS
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to		230	BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMEJERY OR CREMATORY 286. LOCATION (City or Town) (County) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17916 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN First Middle (Type or Print) ESTI-PM3. Page partment of DEATH MATED IF UNDER 24 HRS. 3. SEX 4. RACE DATE OF BIRTH IF LINDER 1 YEAR 2c. DATE PRONOUNCED DEAD Year , 58 2 0 YRS 7o. BIRTHPLACE (Stote or foreign 75. CITIZEN-OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Item 18. Give Pages 1 DIVORCED WIDOWED 1 10. CITY OR TOWN OF DEATH alang with 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during must pf prophring life, even if retired.) death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CAY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY YES X and 2 within 24 hours Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First **JOHNSON** GEORGE EDYTHE PAYNE haurs pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (If yes give war or dates of service) 173-38-9395 Mrs. Edythe Y. Payne, Mother, Same as #13 File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a). writing the ward should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse - L PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN WE PART 1(a) 0 SO removal nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED Enter nature af injury in Part 1 or Baff 2, Item 18. 3 should PRIMARY OR CONTRIBUTING cremation, 21e. PLACE OF INJURY (At home, form, street 21d. INJURY OCCURRED 211. LOCATION Street or R. foctory, office building, etc. FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry | deoth resulted from Natural causes Accident Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may 5 may TO FUNE Health ADDRESS STEET LITY TOWN NAME (Type) or county) 23g. BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1/2/69 Cedar Hill Crematory Suitland, Maryland Cremation 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATI 2Sa. REC'D BY REGISTRAR Joseph Gawler's Sons, Inc., Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

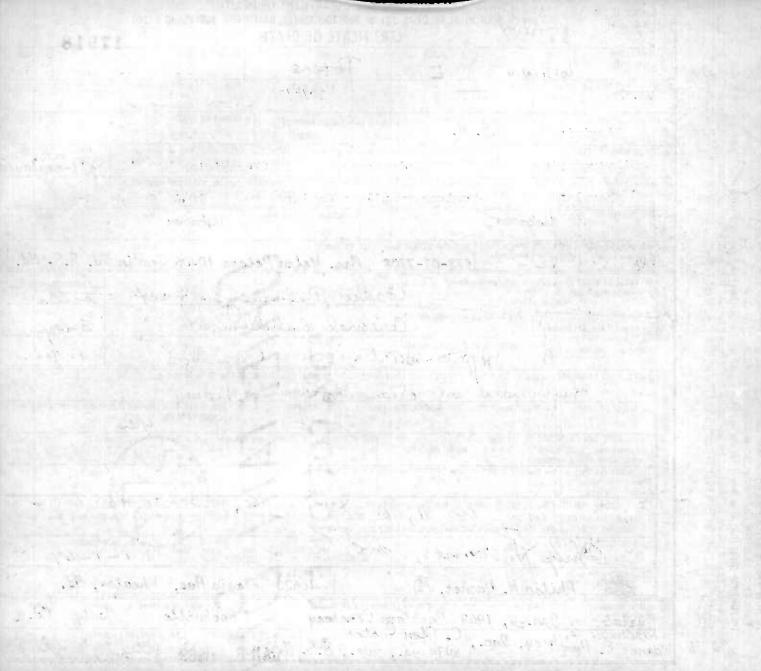
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2			DIVISION OF VITA	L RECORDS, 30	1 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
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death.		CEASED-NAME (ype or print)	VES	Middle	PEIZED	20. DATE OF DEATH  Month  D	loy Yeor 2b. Hour
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executed within 24 haurs after decompletely filled in by the fully smave carban papers. Pager I any event, within 72 haurs after	70. COM	BIRTHPLACE (State or foreign (TERMAN)	7b. CITIZEN OF WHAT CO	1	MARRIED NEVER MARRIED NIDOWED DIVORCED	9. COUNTY OF DEATH  May + 90m E	RY Md.
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camplet ave car	odm	USVAL RAIDENGE (Where deceose sssion) SATE	13b. COUNTY	1/1	DE THE SAA YES	CITY LIMITS? 130. STREET AND NUMBER NO 6620 RANNO	rck Rd.
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physician physician en pleas aval, and	16o. Y	es, no, or unknown) (If yes give wi	AED' FORCES? or or dates of service)	3000000000000000000000000000000000000	17. INFORMANT  2. F. A	leves 6620 RA	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in shauld be detached far use as the burial-transit permit. Then please remave carban papers ith the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 h in the State Dept.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	vascular al Arteri	Thromberis Beleveris	APPROXIMATE INTERVAL BETWEEN SET AND DEATH  1103,  5'4/25.
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ge 3 shauld be detached far use as the burial-trared with the State Dept. af Health priar ta burial, cre	CERTIFICATION	332 KANUK	IDITIONS CONTRIBUTING TO	Mari	RMED 200. AUTOPSY?	CALLEGE OF DEATILE	CONSIDERED IN CERTIFYING
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ATTENDING PHYSIC retained by the haspir ECTOR: After this certis shauld be defached with the State Dept. of	W	While Not while at work of work		/	2) 21f. LOCATION Street or R.F.D	17 1.6	County Stote
rrending by OR: After auld be auther Store		22o. I certify that (1) (thi saw the deceased ol causes stated abave	ive on, (I) (we) (did) (did n	19_ 19_ view the bac	rom, and that in (mg) (our) ly after death.	apinian death accurred on the c	thot (I) (we) last dote and hour and fram the
y be reft y be reft DIRECT age 3 sh		22b. SIGNATURE LEURI 22d. PHYSICIAN'S	CA	esus	DEGREE ATTENDING PHYS.	DIRECTOR PHYS. 220	DATE SIGNED
SPITA 4 ma ERAL or, p			C. Scruggs	, M. D.		edar La. Bethesda.	Md.
TO HOSPITAL OF Page 4 may be TO FUNERAL DIR director, page 8 shauld be filed		202	L2-13-68	Ethwort	etery or crematory h M.E. Cemet	ery Rehobeth	Beach Del.
VR A15 (4) 45M - 1/69	24.	FURNITE A Pun	nphrey 7	557ADWYS	onsin Ave250. REC	DEC 1 6 1968 PEGISTRAR	S SIGNATURE

0 3	1	13/69 kk	301 W. PRESTON STREET, BALTIN	ORE, MARYLAND 21201
0	1	17997 c	ERTIFICATE OF DEATH	17918
r death. uneral 1 and 2 er deoth.		PECEASED-NAME First Middle Type or print) WILLIAM E.	Peters,	20. DATE OF DEATH Month Day Year 10:10 D M
after he fur ges 1 after	3. S	MALE WHITE	S. DATE OF BIRTH	6. AGE (lo years lif under 1 YEAR IF UNDER 24 HRS. last broady)  NONTH'S OAYS HOURS MIN.
	7a.	BIRTHPLACE (Stote or foreign ntry) Virginia 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED 9	COUNTY OF DEATH  Montgomery Md.
tet within 24 ho coeon popers	10.	CITY OR TOWN OF DEATH  Silver Spring  11. NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12a. USUAL during pas	OCCUPATION (Kind of work done to working life, even if retired.)  CUTICIAN  12b. KIND OF BUSINESS OR INDUSTRY
ve corp event,	13o	USUAL RESIDENCE (Where deceased lived, if institution: Residence before nissian) STATMaryland 13b. COUNTY Montgomery	13c. CITY OR TOWN 13d. INSIDE CITY LIMI	IS?   13e. STREET AND NUMBER
ond co	14.	FATHER'S NAME First Unknownidale Lost	15. MOTHER'S MAIDEN NAME Firs	
hysician n please val, ond	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war or dates of service) 578-03-770		Address ers 10406 Gradin Rd. S.S. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove cost should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:    HOMEDIATE CAUSE (a)	ardio-Pulmona erelnal Embolis orterios clerosis,	approximate interval Between Onset and Ocalin Sudden 3 Lays,  generalized 18 yrs.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to buria	CAL CERTIFICATION	190. DATE OF OPERATION D. CONDITION FOR WHICH OPERATION WAS PER  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year	FORMED 200. AUTOPSY? YES A NO	20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Galactic of injury in Part 1 or Part 2, Item 18.)
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TENDING ined by to ould be could be cou		220. I certify that (I) (this haspital) attended the decease saw the deceased alive on causes stoted obave, (I) (we) (did) (did not) view the bases.	d from , 1960 968, ond that in (my) (ear) opini ady after death.	on deoth occurred on the dote and hour and from the
L OR AT be retained by the property of the pro		22b. SIGNATURE Philip H. Varner,	MATTENDING MEI DEGREE PHYS. DIR	C. STAFF 22c. DATE SIGNED 1-1-69
SPITA 4 moy 4ERAL For, po		NAME (Type) Philip H. Varner, MD	10620 Geo	
Foge Foge direct should		Benoval (Specify) Jan. 4, 1969 Parkla		23d. LOCATION (City or Town) (County) (State) Rockville Montg. Md.
VR A15 (4)			Ave., S.S. BARTAN	REGISTRAR 25b. REGISTRAR'S SIGNATURE  6 1969 [Clarkles] Judges

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1	and the same		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	(AA)		CERTIFICATE OF DEATH 17919
	£ 4.4 £		ECEASED-NAME First Middle Lost 20, DATE OF DEATH 25. HOUR
	dead	100	Type or print) AND POY Year JON
		3.	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 4 Funder 1 CAR 4 If under 24 Hrs.
	S de la		5. DATE OF BIRTH  6. AGE (In years Figure 24 Hrs.  1. DATE OF BIRTH  1. DATE OF BIRT
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	illed pop pop	10.	CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION A and of work date 12b KIND OF PURINESS OF
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	d co	3 14.	PATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle Lost
	be re re	H.	Edward Co Jehnigert. Elizabeth Hetts eman.
	ate cior eas and	16	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT
	hysi n pl		(es, no, or unknown) (If yes give wor or dates of service) 577-26-9518 William C, Phelso
	g p The		APPROXIMATE INTERVAL
	ath if idii		PART I. DEATH WAS CAUSED BY:
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	requires that the death certificate be executed within 24 fours after g physician.  signed by the ottending physicion and completely filled in by the furst buriol-transit permit. Then please remare carbon papers. Pages 1 buriol, cremation, or removal, and in any event, within 72 hours after		last. (c)
	auric igne iuric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	or or or earlie	E SE	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
	Jeffic diffic diffic of H	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
	OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate is 3 should be detoched for used with the State Dept. of Healt	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. (fits of Town) County State
	this this leto		While Not while of work OFFICE BUILDING, ETC.
	ING by t fer fer se o		22a. I certify that (1) (this hospital) attended the deceased from Marine 19 6th to NO a 1/5 19 6th that (1) (wa) loss
	ed led lid lid lid lid libe S		saw the deceased alive are 100 and from the date and hour and from the
	To tain the		causes stated above (I) (we) (did) (did not) view the body often death.
	REC 3 s J wij		ATTENDING MED. STAFF
	y by		22d. PHYSICHANS  22e. ADDRESS  22e. ADDRESS
	RAI RAI		NAME (TYPE) 19 + Kreuzburg 17852 16 - Lew Local DC
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Pag O Fl dire sho	2.50	REMOVAL (Spacify)
		24.	FUNERAL DIRECTOR ADDRESS 250 RECTO BY REGISTRAR 25th REGISTRAR 25t
	VR A15 (4) 45M - 1/69		FUNERAL DIRECTOR  Joseph Gawler's Sons, Inc., 5130 Wisc. Ave.  DATE C 2 3 1968
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
L	The state of the s	920
1.	DECEASED-NAME (Type or print) First . Middle D. Lost 20. DATE OF DEATH  Month Day  12 - 28 -	Year 2b. HOUR
3	Female White 1-18-99 lost birthdoy) yes MONTH	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
70	O. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH!	/
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13 od	30. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN, dmission) STATE Md. 13b. COUNTY MONTHS MECH COCKVILE YES NO 8213 Jeb Strue	vt Rd.
14	4. FATHER'S NAME First Middle Egan IS. MOTHER'S MAIDEN NAME First Middle M. Lagan Sc551e	Lellin's
16	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addless	Stuart Rd.
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	BETWEEN ONSET AND DEATH
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	Conditions, if any, which gave rise to immediate couse (a),  (b)  CEREBRAL ATHEROSCLEROSIS	14EAR
	stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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CEPTIFICATION	YES NO CAUSES OF DEATH?	
DICAL CE	21a. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19   19   19   19   19   19   1	1.)
W	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Cour	
	22a. I certify that (1) (this haspital) attended the deceased fram oct, 9, 1965, ta occurred an the date and causes stated abave, (1) (we) (did) (did nat) view the bady after death.	_, that () (we) las d haur and fram the
	226. SIGNATURE Lamos a. Roberts M.D. DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR DEC.	
1	22d. PHYSICIAN'S NAME (Type) JAMES A. ROBERTS 22e. ADDRESS 8907 GEO, AVE. SILVER SPA	
23	30. BURIAL, CREMATION, REMOVAL (Specify) Removal 12/30/1968 Southern Keys Gemetery Key West, Florida	nty) (Stote)
24	4. FUNERAL DIRECTOR JOS. Gawler's Sons, The 250. RECD BY REGISTRAR 25b. PEGISTRAR'S SIGNAL	WRE CONTROL OF THE CO
	Wisconsin Ave. N.W. Washington, D.C. DANAN 2 1969 Cuarles	10

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2 1	MARYLAND STATE DEPARTMENT OF HEALTH  TO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17923
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delay and 3 4%. Pa	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   2c. DATE PRONOUNCED DEAD   Months   Days   Hours   Min.   Months   Day	2d. HOUR
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within pencil	Yes, no, or unknown) (If yes give wor or dates of service) MRB MAMIE J. SUDI) ROCK	Culle, MD
B	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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at 3 file N	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
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please of director retained iar to b	ACTUAL SIGNATURE Only 13. Ball CHIEF MEDICAL EXAMINER (CHIEF MEDICAL EXAMINER	TE SIGNEO
DEPUTY cessary, per funeral may be refuneral call price	STOTAL STORE	c. 11.1968
	NAME (Type)  ADDRESS(Street, city, town, or county)	
01 = ± ~ 0 H	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMORY GROVE CEM. EMORY GROVE.	(County) (Stote)
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MAKTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 17044 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17925 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2o. DATE OF DEATH Lost 2b. HOUR burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death. (Type or print) Month Robert William 3 SEX 4. RACE IF UNDER 1 YEAR 6. AGE (In years lost birthday) Nov. 25. Caucasian 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED 🙀 NEVER MARRIED 🗌 country) Virginia USA WIDOWED T DIVORCED | montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** PaRK Takoma Furniture storage washi sume 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Ja 13b. COUNTY YES NO madison hane Falls Church 1001 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost Middle Lost Olive Portch George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) madison Wife 1001 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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		While Nat while at work	21e. PLACE OF	DFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street	ar K.H.D. Na.	City or Town	County	State
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17930 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) Can event, within 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR DAYS MONTHS HOURS avc. YRS be executed within 24 hours ond completely filled in by 7a. BIRTHPLACE (Stote or fareign, 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) west-peabod the otherding physician una compact. USA WIDOWED 7 DIVORCED | montagmer massi 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done) 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗍 NO District and in ony 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Ellen Ray Syna Thomas certificofe 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (If yes give war or dates of service) 219-03-3868 Self cremation, or removal APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for-(o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: The low requires that the deoth IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been os the Heolth prior to 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from 1956, to 12/3/1, 1968, that (I) (we) last saw the deceased alive on 12/3/1968, and that in (my) (are) opinion death accurred on the date and haur and from the couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) EDWARD ADELSON 7020 director, shauld be 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) BREMOVAL (Specify) Medford Oak Grove Cemetery Jan. 6, 1969 Mass. ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) Jos. Gawler Sons 5130 Wisc Ave NW Wash. D.C. 30M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

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e certifices shauld be files. 3 should a should intion, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
sh fill fill and a sh not	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County State
XAM the 11 your your Page cren		AT WORK AT WORK	
ICAL E) e execut tar. Pag ed far ) CTOR: P	10	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🖾, Inquiry 🔼	, and in my opinion
se esctar ned ned a bu		deoth resulted from: Notural couses 🖾, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🕻	
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necessar the fune 5 may b ro fune Health	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (	(County) (State)
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	nding p iit. The		18. CAUSE OF DEAT PART 1. DEATH	H (Enter only o WAS CAUSED BY IMMEDIATE (	1: (4	or (o), (b), ond (c).	ascul	er o	ccidan	1	34	BETWEEN O	MATE INTERVAL INSET AND DEATH
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	attendi has be se as th th priar	CERTIFICATION	190. DATE OF OPERATI	ON 19b. CON	IDITION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOP	NO XX	20b. IF YES, V CAUSES OF D		CONSIDERED IN C	ERTIFYING
CIAN:	rificate of Health	DICAL CER	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF OFATH	P.M.	Nonth Doy Yeor	9	INJURY OCCU	-	ure of injury in P	ort 1 or Port 2,	Item 18.)	
PHYSI	this cer letache Dept.	ME	21d. INJURY OCCURE While Not while at work	ED 21e. PLA	CE OF INJURY (AT	HOME, FARM, STREET, FA ICE BUILDING, ETC.	CTORY,) 21f. LOCA	TION Street	or R.F.D. No.	City or To	vn O i	County	Stote
NDING	Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicias and camplet director, page 3 shauld be detached far use as the burial-transit permit. Then please remave car shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event,		22a. I certify the	at (I) (this	an Otto	ed the deceos	bady after de	hat in (my	, 19 <b>6 c</b> ) ( ) opinior	, to n deoth occur	red on the d	, that ate and haur	(1) (va) lo and from th
ATTA NO	RECTOR 3 shau d with t		22b. SIGNATURE	l el	Tueln	a nor) view ine	M DEGREE	ATTENDING	MED.	OR STAI	F	DATE SIGNED	768.
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O HOS	Page 4 O FUNI directa shauld	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATI	28-1968	23c. NAME OF	CEMETERY OR CE			d. LOCATION (Cit Silver		(County)	(Stote) Md
	VR A15 (1) 30M REV. 14680		FUNERAL DIRECTOR	W. Lee Jumphre	Jules	ADDRESS 8434 Geo	Sil.Spr	. Md.	2So. REC'D BY RE	GISTRAR 2	Sb. REGISTRAR		

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408 MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE		17935
HEALTH DEPT.	1. DECEASED-NAME First Lost 20. DATE KNOWN X Month D	Poy Yeor 2b. HOUS
ay is 3 ta Page ent af	(Type or Print) ABRAHAM ROLLENDINDER OF ESTI- DEC.	20,1968 9ph
d 3 d 3 . Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 year 1 if under 24 Hrs. 2c. DATE PRONOUNCED DEAD	2d. HOUR
D 5 %	Male   W   Aug. 14, 1885 8 kg.   December 20,	Year 1968 9 D M
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
e e	COUNTRY RUSSIA U.S.A. WIDOWED N DIVORCED MONTGOMERY	M
Pog Vith 200 Sta	10. CITY OR TOWN OF DEATH  Bethesda  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Bethesda  12. USUAL OCCUPATION (Kind of work done light of working life, even if retired.)	Pb. KIND OF BUSINESS OR
after death 8. Give Pag alang with with the Sta		Jewelry
s after death may delay 18. Give Pages 19. June 3 and 3 and 3 along with arm P. Pa. 2 with the State Department death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odnission) State and Number and N	GINGOL
thaurs Office offer d	14. FATHER'S NAME First Roffenbinder Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	David Rothenpinder Pessie	Gitman
hin 24 ncil in niper s poges hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Edgemoor 54.10 April 17. INFORMANT Edgemoor	e lane
l within n pencil- Examine File pog	(1es, no, of unknown) (If yes give war or dates of service) 066-07-6007 Fred Schutzman Bethesda,	Md.
ed in E	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed he ward "pending" in a the Chief Medical E. burial-transit permit. F I in any event within	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  BRONCHIAL PNEUMONIA	3 days
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d be d "p Chie rrans	Conditions, if any, which gave rise to immediate cause (a), (b) MALNUTRITION	months
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ta ta ta ta ta ta ta ta ta ta ta ta ta t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	years
This certificate shauld be executed within icate, writing the ward "pending" in pencil-ibe farwarded to the Chief Medical Examiper be used as a burial-transit permit. File page or remaval, and in any event within 72 hour	304×	
vriti wan	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item	20. AUTOPSY?
farrem rem	WAS PERFORMED?	YES DO NO
VER: This certicetrificate, writhould be farwariles. Should be used should be used tion, ar remayariles.		
INER: ne certifi should files. 3 should nation, c	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY /At home form, street 21f LOCATION Street or R.F.D. No. City or Town	
3 3 + S 6	21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  Citγ or Town	County State
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page	220. I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X), Inquiry (X),	ond in my opinior
exical far.	death resulted from: Natural causes X, Accident \( \), Suicide \( \), Homicide \( \). Undetermined monner \( \)	
bica blease e director etained birector	Chief Medical examiner	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR A death. funeral 1 and (Type or print) December Lewis 11:35 Terry Root burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS White 20 June 1958 Male YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania USA WIDOWED [ Montgomery DIVORCED [ campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) The Clinical Center, NIH INDUSTRY Bethesda 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER be executed admission) STATE Pennsylvania 13b. COUNTY YES 🕌 NO T Lancaster 722 Fourth Street 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last Walter Esther Winters Root attending physician permit. Then please requires that the death certificate 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Betherda, Maryland A20014 Yes, no, or unknawn) (If yes give war ar dates of service) The Medical Records. The Clinical Center None 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bronchopneumonia and sepsis Days DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gave) 3 Years (b) Acute Lymphocytic Leukemia rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta be detached far use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Yes NO [ YES EXC 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Tawn State County While Not while of work 22a. I certify that (this haspital) attended the deceased from 21 October, 1968, ta 28 Dec., 1968, that (\*) (we) last saw the deceased alive an example of the deceased from 21 October, 1968, and that in (\*) (aur) apinian death accurred an the date and haur and from the causes stated abave, (we) (did) ( we) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 28 December 1968 DEGREE PHYS. 22e. ADDRESS The Clinical Center, National PHYSICIAN'S NAME (Type) Brian W. Goodell, M. D. Institutes of Health, Bethesda, Md. 20014 23b. DATE 236-NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) AWligaril 9 twood ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17938 in by the funeral ers. Pages-1 and 2 2 hours offer deoth. 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) David Thomas ROPER 2:00F hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthdoy) Male Negroid October 26. 1918 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH South Carolina within 72 U. S. WIDOWED [ DIVORCED Montgomery 24 Thed 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Naval Hospital, Bethesda during most of working life, even if retired.) Bethesda S. Navy completi ease remave cor buriol, cremation, or removol, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the deoth certificote be executed odmission) STATE 13b. COUNTY Dist. of Columbia NO 1624 Portal Drive. N.W. Washington 14. FATHER'S NAME First and Middle 15. MOTHER'S MAIDEN NAME First ROPER physician on please Porcher Jennie FRASIER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 1624 Portal Yes, no. or unknown) 1938-1958 Mrs. Florice ROPER N. W. Wash, D.C. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Carcinoma of the colon with widespread metastases IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). be detoched for use os the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 moy be retained by the hospital or attending 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗌 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1968, ond that indexty) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted obove, (1) (we) (40) (and rie) view the body after death. 22b. SIGNATURE. 22c. DATE SIGNED Dec. 2, 1968 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Halbert E. ASHWORTH. M.D. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery Arlington 23b. DATE 23o. BURIAL, CREMATION, (Stote) (County) 12/5/68 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Frazier Funeral Home VR A15 (4) Ochowles Rhode Island Ave. Washington, D.C. DATEDEC 5 1968 45M - 1/69

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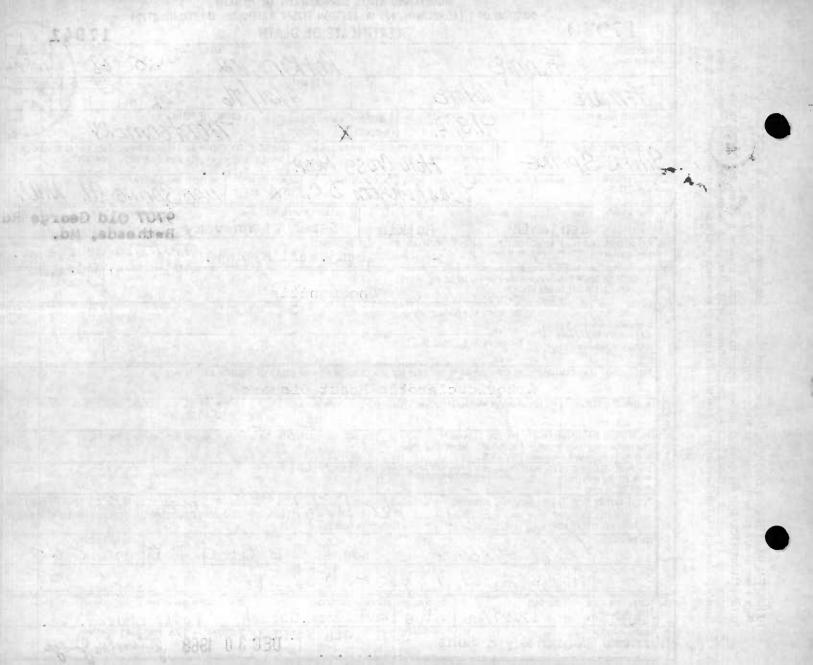
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leath.	leath.		CEASED-NAME First	Middle EPH	ROS ENDERF		DATE OF DEATH  /2 Month	2 Doy - Year	2b. HOUR /250 A. M
ofter of	othe	3. SI		4. RACE	S. DATE OF		6. AGE (In y last birthd	reors IF UNDER 1 YEAR  Gy) MONTHS DAYS	IF UNDER 24 HRS.
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. be retained by the haspital ar attending physician.  NIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the to east seen should be detached far use as the burial-transit permit. Then please remave carban papers.	event,	13o. odm		sed lived, if institution: Residence befo		13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NU	MBER MONTST. /	V. W
e exection and confirmation remains the confirmation of the confir	, and in any	14.	ATHER'S NAME First	Middle Loss	1s. Mother's	MAIDEN NAME First		Middle	Lost
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ng pl	ta bu	z	artina	- Lelevas is	and a C.	1. 17.	TION GIVEN IN PART 140	")	
law endi	oriar	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AU	TOPSY?	20b. IF YES, WERE FI	NDINGS CONSIDERED IN	CERTIFYING
r aff r aff e ha	# ^	ERTIFI	210. ACCIDENT WAS UNDERLYIN	IC Last Title OF WHIPY	YES [				
ICLAN oital a tificat d far	af Hec	DICAL C	OR CONTRIBUTING CAUSE OF DEA' (If either, notify medical exami	TH HOUR A.M. Month Doy Ye	eor   21c. HOW INJURY C	CCURRED (Enter notu	re of injury in Port 1 o	r Port 2, Item 18.)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar	re Dept. af Health priar ta	ME			FACTORY.) 21f. LOCATION Sti	reet or R.F.D. No.	City or Town	County	Stote
by the free the de	State		22a. I certify that (1) (th	is haspital) attended the dece	ased from July	, 19.68	, ta 12/25	, 19 <u>68</u> , the	at (I) (we) last
R ATTEND retained RECTOR: A Shauld	with the		causes stated abave	live an 12/24 (I) (we) (did) (did nat) view the	_1960, and that in/( ne bady after death.	my) ( <del>aur)</del> apinian	death accurred or	n the date and hou	r and from the
R AT RECTOR S Ships	#iw		22b. SIGNATURE	Dennitro	DEGREE PHYS	DING MED.	STAFF C	22c. DATE SIGNED	1,6.
may be R RAL DIRI	tiled	1	22d. PHYSICIAN'S	11 7500	11113.	DDRESS	OR LI PHYS. L	10729	60
4 m NER	od blu		NAME (Type) SAM	oth at 350	55 /	302-1	83/ N.	N.	
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be o	shou	230.	REMOVAL (Specify) 23b.	DATE 23c. NAME ADAS	OF CEMETERY OR CREMATORY  ISPAEL CEI	.1 .	LOCATION (City or To NASH · D. (	wn) (County)	(State)
	A15 (4) EV. 1/68	24.	FUNERAL DIRECTOR BERNAI	ED HANZANSKY YSONS ADDR		250 DEC 3	ISTRAR 1968 2Sb. RE	GISTRAR'S SIGNATURE	442
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$\sim$ 1	DIVISION		DEPARIMENT OF HEALTH ESTON STREET, BALTIMORE, MAR	YIAND 21201	
FOR STATE	17929		'S CERTIFICATE OF DEAT		7940
HEALTH DEPT.	1. DECEASED-NAME First	Middle	Last	2a. DATE KNOWN Manth	Day Year 2b. HOUR
2, ond 3 to PM3. Page	(Type or Print) Joseph	Α.	ROSSELL	OF ESTI- Dec.	14 168 500PM
eloy id 3 . Po nent	3. SEX 4. RACE	S. DATE OF BIRTH 6. AGE (	In years IF UNDER I YEAR IF UNDER 24 HRS 1hday) MONTHS DAYS HOURS MI	AC DATE TROTTODICED DEAD	2d. HOUR
P P M3	Male Cauc		1K3.	Dec. Day 1	4 Year 19 68 500 PM
deoth any deloy is re Pages 1, 2, and 3 to with form PM3. Page the State Department of		CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 9. ( WIDOWED 4 DIVORCED	COUNTY OF DEATH  Montgomery	
ages the fo	IO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	ITUTION (If not in hospital 12a. USUAL	OCCUPATION (Kind of work done   1	2b. KIND OF BUSINESS OR
Give Pages 1, Give Pages 1, and with form the Stote De	Bethesda	give Na vadies Hospit		SIMC	NDUSTRY
al al	13a. USUAL RESIDENCE (Where deceased DESCRIPTION COLUMN	Ved, if institution: Residence before 1	3c. CITY OR TOWN 13d. INSIDE CITY LIMITST  Washington YES X NO		N. W.
hours Office 1	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME FI		Last
	John Settles		Sarah McCa		
This certificate should be executed within 24 icote, writing the word "pending" in pencitar be forwarded to the Chief Medicol Examiners be used os a buriol-transit permit. File pages or removol, and in any event within 72 hours	(Yes Yes or unknown) 1901-4	RCES? 16b. SOCIAL SECURITY NO. 230 40 4167	17. INFORMANT Arlin Mrs. Florence	ston, Va.ADDRESS Tolson, 3422 S. W	akefield
ed v in ol Ex nir. Fil	IB. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).) BY:	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e ex pend ef M sit p	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
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his certificate ofe, writing the forwarded to be used os a be removol, ond	19a. DATE OF OPERATION  21o. EXTERNAL CAUSE WAS	WAS PERFORMED?	ICH OPERATION		20. AUTOPSY?  YES X NO
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INER: The certific should by files. 3 should bottles.	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M. 13 19 6	Fell in lob	by of Hotel where	Level
JICAL EXAMINER: e execute the certifictar. Page 4 should lead for your files. ECTOR: Page 3 should buriol, crematian,		ACE OF INJURY (At hame farm, street, ory, office building, etc.)	21 f. LOCATION Street or R.F.D. Na.	City or Town	
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ple retr	ACTUAL SIGNATURE	John & Ball	M.D. ASSISTANT MEDICAL		IGNED
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L		LIJUN		CERT	IFICATE OF DEA	ATH		1794	A STREET IN CERTIFYING  TELEFORM  TE
1.		ASED-NAME First e or print)	## ARCE   S. DATE OF BIRTH   A. RACE   B. MARRIED   S. COUNTY OF DEATH   WIDOWED   DIVORCED   S. COUNTY OF DEATH   MIDDENTION (Kind of work done during most of working life, even if retired.)   12b. KIND OF BUSINESS OR INDUSTRY   M. MARRIED   S. STREET AND NUMBER   M. MOULT CIT LIMITS?   M. GOOD   M. MOULT CIT LIMITS?   M. GOOD   M. MOULT CIT LIMITS?   M.						
3.	SEX	TEMALE	4. RACE Turniz	E	0	21/76	lost bigthday)	MONTHS DAYS	
70	o. BIR ountr	THPLACE (State or foreign	76. CITIZEN OF WHAT COU		RIED NEVER MARRIED [ WED DIVORCED [	9. COUNTY	OF DEATH COM	ERY	M
10	5/	OR TOWN OF DEATH				uring most of work	ing life, even if retired.)		BUSINESS OR
13	Bo. US dmiss	UAL RESIDENCE (Where deceose on) STATE	d lived, if institution: Res	askery	TY OR TOWN C, 13d. IN.	SIDE CITY LIMITS? 13e		16 Rel.	N.W.
14	4. FA1	THER'S NAME First	Middle	Lost			7 11090	DOY GRYGOT  DOY GRYGOT  IF UNDER 1 YEAR IF UNDER 24 HRS.  S. IF UNDER 1 YEAR IF UNDER 24 HRS.  DERY  MONTHS OAYS HOURS MIN  DERY  M. I2b. KIND OF BUSINESS OR  INDUSTRY  LOST  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  S. CONSIDERED IN CERTIFYING  2, Item 18.)	
L				Rotkin	Sarah	Wishnev	sky	1718.	. 90 II
1		AS DECEASED EVER IN U.S. ARMI , no, or unknown) (If yes give wa		OCIAL SECURITY NO.		Nephew	9707Addies1	d Geor	ge Rd.
TIOH	ri si lo	onditions, if ony, which gove se to immediate couse (o), oting the underlying couse st.  ART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  OITIONS CONTRIBUTING TO  Arterioso	NSEQUENCE OF  DEATH BUT NOT RELATED TO THE SECOND S	Heart Dis	ease		CONSIDERED IN C	FPTIFYING
CENTIFICA	CERTIFICATION 2	Io. ACCIDENT WAS UNDERLYING			YES 🗀	NO CAL	USES OF DEATH?		
MEDICAL		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mont	h Doy Yeor			City or Town		Stato
	٧				P. T. LOCATION Street or R	0/			
	2	<ol> <li>I certify that (I) (this saw the deceased ali causes stated abave,</li> </ol>	s haspital) attended ve on (W (we) (did)(did no	the deceased from	, and that in (my) (a fter death.	, 19, ta_ ur) apinian deat			t (I) (we) la and fram th
		2b. SIGNATURE	Holl	th	11113.	MED. DIRECTOR	STAFF D	2-25-	68
		PHYSICIAN'C HBILL	HAM W.	DANIS	H 22e. ADDRESS	SPRINC	,57.	5.5.	Md.
23	30. B	URIAL, CREMATION, 23b. D EMOVAL (Specify) BUTTAL	ATE 12/27/68	23c. NAME OF CEMETER	y or (REMATORY /id Mem.Ga		ATION (City or Town) Falls Ch	(County)	(Stote)
2	4 FL	NERAL DIRECTOR		ADDRESSE 0 1	1/1+h C+250	REGO BY REGISTRA	2Sb. REGISTRAR	'S SIGNATURE	Va.
I	Ве	rnard Danzan	sky & Sor	Nash	D C. DATI	DEC 3 0	1968 gcho	weer In	see.



		17931	DIVISION OF VITAL RECORDS,	301 W. P	ATE OF DE	, BALTIMORE	, MARYLAND 21201	7942	
3. 70 co 10. 3 13. Wallard Wal	DEC (Ty	EASED-NAME pe or print) Simo	bn WMI		Rudman	20. 1	PATE OF DEATH 16 Doy	68 <sub>Yeor</sub>	2: N5
3.	SEX	Male	4. RACE White		S. DATE OF BIRTH	5/9/0	6. AGE (In yeors las (Anday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	. Bl	RTHPLACE (Stote or foreign ry) Russia	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		NTY OF DEATH	7.4.	Md.
4	5	LVER SPRI		y Cu	w c	during most of w Sales	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF B INDUSTRY Furnit	
od od	o. ( lmis	ISUAL RESIDENCE (Where deceos sion) STATE	osed lived, if institution: Residence before 13b. COUNTY	13c. CITY OF	400	NSIDE CITY LIMITS?	13e. STREET AND NUMBER 2312 Colsto	n Drive	
14	. F/	THER'S NAME First Ben	Middle Lost Rudman	1:	s. Mother's maiden Sarah		Middle		Lost
16		WAS DECEASED EVER IN U.S. ARN s, no_or unknown)   (If yes give w	MED FORCES? war or dates of service)   16b. SOCIAL SECURITY unknown	1 1	INFORMANT PLECT	14, -	Address		ATE INTERVAL
Z		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	MRC	INOTH	LULA  BEASE OR CONDITION	/ 6		ENTRS
CEPTIEICATION	KIIFICALIO		o. CONDITION FOR WHICH OPERATION WAS PE		20a. AUTOPSY?	NO D	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?		RTIFYING
MEDICAL CE	MEDICAL	210. ACCIDENT WAS UNDERLYIN  or contributing cause of deal  (If either, notify medicol exomin  21d. INJURY OCCURRED 21e.	ATH HOUR A.M. Month Doy Yeorniner) P.M. 1	9			of injury in Port 1 or Port 2,  City or Town	Item 18.)	Stote
2		While Not while of work  22a. I certify that (I) (the saw the deceased a	his haspital) attended the deceasalive on DEC - 16 Manuel 1  Manuel 1  Manuel 1  Manuel 1  Manuel 1  Manuel 1  Manuel 1	ed from	d that in (my) (death.	19	to 12-16, 19 leath occurred an the do	68, that	(I) (we) last and from the
L		BURIAL, CREMATION, 23b.	. DATE 23c. NAME OF	n Cem.	1.0.10	23d.	LOCATION (City or Town)  Dalton Pa	(County)	(State)
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- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	)43
т.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
	(Type or Print) Mammie- None- Rumer Dec 31	1968 7 5 A
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   2c. DATE PRONOUNCED DEAD   Months   DAYS   HOURS   MIN.   Month   Doy 3   Ye	2d. HOUR
		1968 7 15 N
	7a. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH COUNTRY)   WIDOWED   DIVORCED   M. 617 † 9.077 25 4	м
00	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street oddress)  12. KII 12. USUAL OCCUPATION (Kind of work done lindustrial)  12. KII 12. USUAL OCCUPATION (Kind of work done lindustrial)  13. KINDUST.	IND OF BUSINESS OR
85	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE / 13b. COUNTY . 13b. COUNTY . 13c. STREET AND NUMBER	
31	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
55	UNKNOWN	
Ī	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) CEPENSTY FINSO 11	sidden.
	Conditions, If ony, which gove )	
	rise to immediate couse (a), (b). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	19b. CONDITION FOR WHICH OPERATION  19c. DATE OF OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)	20. AUTOPSY?
	21 EVEDNAL CALIEF WAS 214 THE OF INHIDA WAS DO AND	YES NO
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Coun	nty Stote
	WHILE AT WORK AT WORK of foctory, office building, etc.)	
		and in my apinia
	death resulted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
2	ACTUAL CHIEF MEDICAL EXAMINER 22b. QATE SIGNED	
	SIGNATURE	1969
시	EXAMINER'S NAME (Type)  ADDRESS(Street, city, town, or county)	
L	ACMOVAL ALLOW	y) (Stote)
	24. FUNERAL DIRECTOR  ADDRESS  ROCKVILLE, Md.   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR'S SIGNATURE   250. REC'D BY REGISTRAR   250. REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REC'D BY REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REC'D BY REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250. REGISTRAR   250	-
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10	Ht.	ems 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	i-du	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7945
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUF
lay is 3 ta Page		Fred Harvey Sanders DEATH MATED X Dec	13. 1968
any delay, 2, and 3 nn PM3. Pa	3. 9	last birthday) MONTHS DAYS HOURS MIN. Macab.	Year 68 2d. HOUR
ny del 2, and PM3. partme	70	male white Dec 20, 1942 25 yrs.  BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	(68 D P
- E/Q/		Millowed Divorced Div	/Mont gomeny
to Be les	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR
sive P wind wind wind wind wind wind wind wind	130	Ma Silver Spring give street address) ross Hospital during most of working life, even if retired.)  USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	NDUSTRY Lagineer
s af 18. alc dea dea	130	idmission) STATE Md.   13b. COUNTY hontromery Rockville   YES NO   5403 Manorfiel	d Road
haurs Item 1 Gffice after d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		Lawson F Sanders Marjorie Gruver	
within 24 pencil in xamiet 7 ile ages 72 hoors		WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  214 42 6850  17. INFORMANT  ADDRESS  Lawson F. Sanders	
- c		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
d be executed d "pending" in Chief Medical E transit permit. f y event within		PART I. DEATH WAS CAUSED BY:  Gunshot wound in head, apparently	
e executi pending" ef Medica sit permi		755 X DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if ony, which gove rise to immediate couse (a), (b) Self inflicted  DUE TO, OR AS A CONSEQUENCE OF	
s certificate should be e. writing the ward "pei farwarded to the Chief used as a burial-transit emoval, and in any ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
g the sed to		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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T 0 0		210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING 1210. HOUR A.M. 12-13-68 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter Deceased, depressed, shot	701
NER: T certifice hauld b iles. shauld ttian, ar	MEDICAL	CAUSE OF DEATH P.M. 12-1719 00 head with pistol	
= 9 × + 8 5	W	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  Home  21f. LOCATION Street or R.F.D. No. (ity or Town 5403 Manorfield Road Rockvill	e Montg.Md.
A P F F F F F F F F F F F F F F F F F F		22a. I certify that took charge of the remains described abave, held an Autopsy, Inspection, Inquiry,	and in my opinia
Se escrar ned ned a bu		death resulted from: Notural couses . Actident . Suicide . Hamicide ., Undefermined manner	
UTY DIGGE Try, please her al director be retained RAL DIREC		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SI	ICNED
ury, ary, be be pri		SIGNATURE	16. 16
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health priar to burial, cren		NAME (Type) /3 ELDEN / TEAP / MODESS (Super in four for equally) JEC.	14 1968
5 = + 2 E	230	BURIAL (REMATION, REMOVAL (Specify)  Burial  23b. Date  23c. NAME OF CEMETERY/OF CHINATORY  Burial  23d. LOCATION (City or Town)  (Hyattsville Pro C	County) (State)
W.	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATUR <u>E</u>
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		1	MARYLAND STATE DEPARTMENT OF HEALTH
DK			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17946
1			17935 CERTIFICATE OF DEATH
1	± −2±		ECFASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
	dea	1	Type or print) RETTV TO SAWYER Dec. Month 12 Day 2 Yeor 8 142 AM
	er fer	3. S	
	age e		Female White JULY 13, 1897 last birthday) YRS. MONTHS DAYS HOURS MIN
	by Pours	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carbón papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event; within 72 hours after death.	cau	OKLAHUMA U.S.A. WIDOWED DIVORCED MONTGOMERY Md.
	n 24 Illed pap pap iin 7	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If pat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	if if if	400	Tinklimia Papt give street address) Sana Hassa during most of working life, even if retired.) INDUSTRY
	d w darb	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	mple mple cale cale		ission) STATEMARY AND 13b. COUNTY P.G. RELTSVILLE YES NO 11508 ALLUIEW DOTTION
	S and a	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
	a Paris		William STANLEY Salena JONES
	ight as a sea	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	fica ysic al, c	1	Yes, no, pr boknown) (It yes give war or dotes of service) 445-18-1060 F Mrs Lanethy a Beard 11508 allrew D. Bellay
	ne death certific attending phys permit. Then p ion, ar remaval,		INNAUGU U INTERNA
	ding ding ren		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
	dea rmil , ar		IMMEDIATE CAUSE (a) CARGAST LOS (VOVA)
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	The la attent attent has ke as the print the p	CERTIFICATION	YES NO CAUSES OF DEATH?
	sr o se h o se h o o lth	ERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	al ol		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	SIC spit spit ertii led 1. of	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State
	PHY hach hach Dept	1	While Not while
	r the del	Н	lat work — at work — 1
	by Affe be Sto		220. I certify that (I) (this hospital) attended the deceased from 1907, and that in (rhy) (our) opinion death occurred on the date and hour and from the
	R. R. the		causes stated above, (I) (work (did) (did not) view the body after death.
	it should be still be should be shou		22b, SIGNATURE 22c, DATE SIGNED
	OR De r	15	James M. COCO M DEGREE ATTENDING MED. STAFF DIRECTOR DIPHYS. DIPHYS. DIPHYS. DIPHYS.
	AL DAY		22d. PHYSICIAN'S 22e. ADDRESS C OO O
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creating the state Dept.		NAME (Type) 17717 avall in Talans phage
	HO Be rect	230	BURIAL, CREMATION 23b, DATE 239 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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rtifi phy:	D A C		morun	•	718-10-5823	PATIENTS	Chart			
9 6	e H	1	<ol> <li>CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI</li> </ol>	ly one couse per line	for (a), (b), ond (c).)	D. 1066	01	10 10 1	APPROXIMATE IN BETWEEN ONSET AI	NO OEATH
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VSIC aspi cert hed	t. a		f either, notify medical examination for the first feet of the fee	PLACE OF INITIRY / AT	HOME, FARM, STREET, FACTORY, \ 2	If. LOCATION Street or I	R.F.D. No. City (	or Town	County	Stote
TENDING PHYSICIAN: 'ined by the haspital ar DR: After this certificate and be detached far us	State Dept. af		While Not while at wark	( OF	FICE BUILDING, ETC.					
by the differ di	tate			is hospital) attend	led_the deceased from	JAN	, 1968, to 20	DEC 19	that (I)	(we) last
ND P P P P P P P P P P P P P P P P P P P	le S		2a. I certify that (I) (the saw the deceased a	live an 121	19 1968	and that in (my) (a	iur) opinion death a	corred on the da	te and haur and	from the
TO Solution	‡	-	2b. SIGNATURE	e, (1) (we) (did) (di	e for view the body a	ter death.		00- 5	DATE CICALED	7 1 1
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y be y	ti ed	2	2d. PHYSICIAN'S	7 7 00 - 0 00	- robbing	22e. ADDRESS	DIRECTOR -	rnis.	120,00	
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TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be a	shauld be filed with the	230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMETER		23d. LOGATION	(City or Town)	(County) (St	tote)
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17948
	CERTIFICATE OF DEATH
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ng satisficate ing pmysican Then pleas emoval, and	Yes, no, or unknown) (If yes give war or dates of service) 229-22-31-11-11-11-11-11-11-11-11-11-11-11-11-
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affending.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A RTERIOSCLEROTIC CEREBROVASCULAR DISENE YRS
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al al al far far He	
Spit spit spit spit spit spit spit spit s	Grant Contributing Cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19  21d INUIRY Of CURRED 21e PLACE DE INUIRY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.E.D. No. (ity or Town County State
G PHYSICIAN: the haspital ar this certificate detached far u	21d. INJURY OCCURRED While 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
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JING PHYS by the has ther this ce be detache State Dept.	22a. I certify that (I) (this haspital) attended the deceased from 4-30, 1967, ta 12-14, 1967, that (I) (we) la
ATTENDING stained by CTOR: After should be ith the Stat	saw the deceased alive an19
A ATTENI retained reCTOR: A 3 shauld with the	ON CIGNATURE
Wi wi	ATTENDING MED. STAFF
Ped ped ped ped ped ped ped ped ped ped p	22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 12/19/100
ITA May SAL SAL be	NAME (Type) RICHARD H. POLLEN MD 10400 CONNECTICUT ARE KENSINGTON, IN & 20795
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre-	
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30M REV. 1/68	JOSEPH GANLERS SONS, INC. WASH., D.C. DATE DEC 19 1968 Scharles Indge

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1		47000	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH		48010
		ECEASED-NAME First (ype or print) Gentre	Middle	last Scrivener	2a. DATE OF DEATH December Box	17949 2b. Hour 1468 9 39 m
	3. SE	Gemale	4. RACE White	S. DATE OF BIRTH Sept 21	6. AGE (In years last bighday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	100)	New York	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
10		Kensington	11. NAME OF HOSPITAL OR INST	1 San. during of	L OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY home
5	adm	ission) STATE Md.	d lived, if institution: Residence before 13b. COUNTY Montgomery	13c. CITY OR TOWN 13d. INSIDE CITY LIN Kensington YES NO	The state of the s	Avenue
		FATHER'S NAME First Samuel		15. MOTHER'S MAIDEN NAME FII Uiger Ella	rst Middle M.	Patrick
	16a.	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? or dates of service) 16b. SOCIAL SECURITY N 220-44-29		Address Kerrell 3915 Baltin	
		PART 1. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  (d)	Congestion Ja Congestion Ja Contra Heart	Ma. Leny Descor	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  12 how  2 weeks
	CERTIFICATION	4200	ONDITIONS CONTRIBUTING TO DEATH BUT NO		2Db. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
/	A.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	HOUR A.M. Month Day Year P.M. 19		nature of injury in Part 1 or Part 2, 1	tem 18.)
		21d. INJURY OCCURRED 21e. PL While Not while at wark at wark	LACE OF INJURY ( AT HOME, FARM, STREET, EACT	ORY.) 21f. LOCATION Street or R.F.D. No.	City ar Tawn	County State
		saw the deceased aliv	hospital) attended the decease ve an 19 (I) (we) (did) (did not) view the b	and that in (my) (our) opin	ian deoth occurred on the do	, that (I) (we) last te ond hour ond from the
		22b. SIGNATURE Seon	esharpe m		D CTAFF	pate signed ecember 25, 196
			rge Sharpe, M.D.		recticut Avenue,	
	K	BURIAL, (REMATION, 23b. DA REMOVAL (Specify) 12-3 FUNERAL DIRECTOR () ///	30-1968 Arling	ton National Cem.	23d. LOCATION (City or Town)  Arlington, Vir	(County) (Stote)
	14.	irner E. Pumphre	Lee ture ADDRESS		3 1969 Pellar	Les Judge

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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
		CERTIFICATE OF DEATH	17950	
		CEASED-NAME First Middle Lost 20. DATE OF DEATH  (Pe or print) Month Doy		b. HOUR
-		Edward J. SCRO99/NS Dec. 1 /	768	P.
	3. SE	lost birthdoy) M	IF UNDER 1 YEAR   IF UND	DER 24 HRS.
	7a. B	THE STATE OF THE S		
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	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINI	ESS OR
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		FOWARD -J SCROGGINS NAOMA GR	OFFITH	
	16a. Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT SIND, OCUMPROMYN) 11. INFORMANT SINDEM SCROGGINS WIFE SILVER	SPRING.	E RC
		18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))	APPRÖXIMATE INT BETWEEN ONSET AN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Casline arest	mini	-
		400. DUE TO, OR AS A CONSEQUENCE OF	0	8000
		Conditions, if any, which gove rise to immediate couse (a), (b) Urlinear,	Lays	
		DUE TO, OR AS A CONSEQUENCE OF lost.	J J	
4		PART 20 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	ļ	
	Z.	Correction Steert Failure.		
	CATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFY	ING
X	CERTIFICATION	YES NO CAUSES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  21b. TIME OF INJURY  HOUR A.M. Month Day Year  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	m 1B.)	
	ā	(If either, notify medicol exominer) P.M. 19	County	Stote
		While Not while of work	County	
I		220. I certify that (I) (this haspital) attended the deceased from 13, 1968, to Dec 1, 19 c sow the deceased alive on the deceased alive on the date	58, that (I) (	(we) la
		causes stated above, (I) (we) (did) (did not) view the body ofter death.	ond hour and t	rom th
I		22b. SIGNAPURE 22c. DA	ATE SIGNED	
1		Hauloh Oragen M. D. DEGREE PHYS. MED. DIRECTOR DIRECTOR PHYS. De	c 1, 190	68
	0.2	22d. PHYSICIAN'S NAME (Type) HAPOLD W. DRAPER M.D. 9801 GEORGIA AVE; SILVE	r Spring	1.
-	23o.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Sto	ote)
1		BOUNDAY 12-4-68 It Simila Cemetery Bladensling	MATURE	d.
1	14.	EUNERAL DIRECTOR 250. RECID BY REGISTRAR 256. REGISTRARY TO SUMMER DEC 3 1988 WILLIAM - 1400 - Chean William DEC 3 1988 WILLIAM STATE DEC 3 1988		
	11	CULT COMMINION - 1 CURAN-1/ (ADAR BLOD 1308 HOVER	Man Verda	

MAKYLAND STATE DEPARTMENT OF HEALTH

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P	17	1920	DIVISION OF	VITAL RECORDS,		RESTON STRE		RE, MARYLAND	21201	1795	1
1.	DECEASED-NAME (Type or print)		rst	Middle HENRY		Lost SEAQUI		a. DATE OF DEATH Man	th Do	y year 5 68	2b. HOUR 8:21 4
3.	SEX Me	le	4. RACE	ıcasian		5. DATE OF BIRT	н <b>15-</b> 93	6. AGE last bi	In years rthday) YRS.	1F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
((	- 1	land	7b. CITIZEN OF W	States	WIDOWED		ED 🔲	Montgon			Md.
9	. CITY OR TOWN	v	give Mc	NAME OF HOSPITAL OR IN street address) ontgomery	General	L Hospit	during most o	CCUPATION (Kind of f working life, ever red mecha	if retired)	INDUSTRY Ingr	BUSINESS OR Gov't.
5 00	mission) STATE	yland	Monto:		Olney	<i>r</i> Y	H. INSIDE CITY LIMITS?	Sharon 18201		ng Home n Lane	
		lrew	Middle	Seaquis	t	Hanna	h			nson	Last
10	yes, no, or unkn	D EVER IN U.S. own) (If yes g	ARMED FORCES?  Ive war or dates of service)	16b. SOCIAL SECURITY	NO. 17. 1 Adı	nformant mission	Recd., M	ontgomer	Address Gen.		1, Olney
	Conditions, it rise to imme stoting the lost.	ony, which go diate couse (c	DUE TO, OR  (c)  USED BY:  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  UTING TO DEATH BUT N	To as	the in	00	and anguardin GIVEN IN PART	ina pu	DETERNO O	her and death
CERTIFICATION	Ca 19a. DATE OF	DPERATION 1	9b. CONDITION FOR W	prosto HICH OPERATION WAS PE	RFORMED	20a. AUTOPS	Y?	20b. IF YES, WER		CONSIDERED IN C	ERTIFYING
MEDICALCED		T WAS UNDER	DEATH HOUR A.M.	Manth Day Year	9			ure of injury in Port	1 or Part 2,	Item 18.)	
W	While N	t wark		( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City ar Town		County	State
1	22a. 1 cer saw causs	<b>ify</b> that (I) he deceased s stated ab	(this haspital) at l alive anave, (I) ( <del>we)</del> (did	tended the deceas 12 - 10 (d <del>id not</del> ) view the	ed from 1968, and bady after	d that in (my) death.	( <del>our)</del> apiniai	_, ta <i>\\left(\left(\left(\left)\)</i> n death accurred	25, 19 d an the d	1 6 2 , that ate and haur	(I) <del>(we)</del> last and fram the
	22b. SIGNACO	reder	ich M.	rooma	e molecul	ATTENDING PHYS.	DIRECT	TOR STAFF PHYS.	220	DATE SIGNED	-68
	22d. PHYSICI NAME (1	үре)		k Moomau,		22e. ADDRE					
	Ba. BURIAL, CREA REMOVAL (Sp	ecify)	12-28-			CREMATORY		d. LOCATION (City of Suitland		(Caunty)	(Stote)
2	4. FUNERAL DIRE	neste	et C. Car	ADDRESS TO ADDRESS	Gaither	sburg.	So. BECD BY BE	0 1968 2Sb.	REGISTRAR	S SIGNATURE	492.

MAKILAND STATE DEPARTMENT OF REALIM

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MARYLAND STATE DEPARTMENT OF HEALTH

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9	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17955
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth OF FSTI-	Day Year 2b. HOUR
~ ≥ 3 1 5		14 1968 6 2 N
delay and 3 fment	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours   IF UNDER 14 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD	2d. HOUR
y di an PM3 artm	M. Negro NOV-25,1925 43 YRS. Dec 00/14	Year 1968 6 26 N
1, 2 n Depo	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
death Any del with farm PM3 he State Departme	COUNTRY VIEGINIE U.S.A WIDOWED DIVORCED MONTGOINE'S	M
death  Pages  With far  ne State	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR
	Bethesda. give street address) burban during most of working life, even if retired.)	INDUSTRY ATAVING.
s after gland death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE. No. 13b. COUNTY Residence before 13c. CITY OR TOWN YES NO. 303 N. Adam.	n e C+
v +	Minigani I Took Ville 1 2031 / 14	
e e e e		Lost
hin 24 ncil in I niner's pages I haurs	John- S Simms - Gertrude  160. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT 13 rother ADDRESS	Newman.
	(Yes, no, or unknown) (tys give war or dollers of service)  (Yes, no, or unknown) (tys give war or dollers of service)  Lefoy S; no ms - Rt 2 - Kno.	virlle.
be executed wit "pending" in pe nief Medicol Exac nnsit permit. File event within 72	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
be executed "pending" in nief Medicol E nnsit permit. F event within	PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  Death was caused by:	BETWEEN ONSET AND DEATH
Med Med per per	PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a) Pulmonary Tofaction Acute  Due to, or as a consequence of	
pe e "per ief ief nsit	(Conditions, if any, which gave)	years.
vord vord ne Ch al-tra any	rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld be en word "pe to the Chief burial-transit	last. (t)	118915-21180
This certificate shauld cate, writing the word be farwarded to the Che used as a burial-transfer or removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate irate, writing the be farwarded to do be used as a b ar removal, and	= 4221 Fatty Metamorphosis of Liver-	
certif , writti arwar used moval	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	20. AUTOPSY?
This icate, be fa d be u	TAS PERFORMED!	YES NO
HE PE	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite HOW A.M.	m 18.)
INER: Te certific shauld b files.	CAUSE OF DEATH P.M. 19	
		County State
E > 50 - 4	AT WORK LI AT WORK LI	
5 <b>2</b> 6 6 6	220. I certify that I toak charge of the remains described above, held an Autopsy , Inspection , Inquiry	
Se of a big	death resulted from: Notural couses 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner [	
please I director retained DIREC	ACTUAL OF BOTTES	CICALED
ITY, erall erall be pri	SIGNATURE	.15,1968
O DEPUTY SICA necessary, please ex the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur	EXAMINER'S  NAME (Type)  ADDRESS(Street, city, town, or county)	. 7 . 7 . 7 . 7
the Sm	23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (State)
	REMOVAL 12-17-68 BROWN FUNERAL HOME LOVETTSVILLE	VA
	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	IGNATURE
VR A15ME (5) 10M REV. 1/68	ROBERT L. SNOWDEN ROCKVILLE, MARYLAND DEC 20 1968 geliarle	Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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						DEPARTMENT OF H				
4			45035	DIVISION OF VITAL REC	ORDS, 301 W. PR	ESTON STREET, BALTI	MORE, MAR	YLAND 21201		
					CERTIFICA	ATE OF DEATH			17956	
-	2 -	1. D	CEASED-NAME First	Midd		Last	2g. DATE OF I	DEATH		2b. HOUR
eath	att a	(	ype ar print) Ma	RY LOIS	C	NITH		Manth Day	Year	2004
-	(E-13)	3. S		4 RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
affe	( IVA	0.0	nemale	1NRito		January 27,	1908	last birthday)	MONTHS DAYS	HOURS MIN
JIS	by Barra	70	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	10		9. COUNTY OF	GO YRS.		
24 haurs after death	in b ers. 2 ha		try) 1	14 4 4	MARKIEU	MEACK WAKKIED	7. COUNTY OF	DEATH		
	2 de	10	111225211	United States	WIDOWED		11/101	ugomen		M
within	physician. signed by the attending physician and campletely filled burial-transit permit. Then please remave carbott-pape burial, crematian, ar removal, and in any event, within 72	10.	ITY OR TOWN OF DEATH	give street address)	ALOR INSTITUTION (If no			Kipal of work done ife, even if retired.)	12b. KIND OF B	USINESS OR
×i.	S B 300	1	bull spring	1 13490 00	Mountia	PARC L	Verto.		121.8.	army
	event,		USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence	before 13c. CITY OR 1	TOWN 13d. INSIDE CITY LI		EET AND NUMBER	-1	0
ecut	ave day		museur	Muller	- yeer	ta	M M	ar Thou	18	
e ×	and rem	14.	ATHER'S NAME First	Middle	Last 1S.	MOTHER'S MAIDEN NAME F	irst	Middle	0 4-	Lost
pe	n a se r		Weden	arthur Te	tree ;	Demice	Henr	21	Petre	9
requires that the death certificate be executed	physician. signed by the attending physician and coburial-transit permit. Then please remare burial, crematian, ar removal, and in any		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? wor or dates of service) 16b. SOCIAL S	ECURITY NO. 17. IN	FORMANT 134	yon nedy	Address A	20	^
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ē	2 E		18. CAUSE OF DEATH (Enter of	nly one couse per line far (a), (b),	and (c).)		- 11	7/	APPROXIM BETWEEN ON	IATE INTERVAL
ath	ndin it.		PART I. DEATH WAS CAUSE	ED BY: MATE CAUSE (a) CARCI	NOMA OF	PANCREA.	S C ME	TASTASES		
de	attendir permit. ian, ar re		157.9	DUE TO, OR AS A CONSEQU						
the	at id		Canditions, if ony, which gave	)	LIVEE OF				79.36	
at	y #		rise ta immediate cause (o),		ENCE OF					
- S	physician. signed by burial-trai burial, cre		stating the underlying couse last.	(6)	LITER OF					
uire	hysi gne Jria Jria	10	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEAT	H RUT NOT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(a)		
red	g p s sign		1E7V	The state of the s	i bor nor keeneb to	THE TERMINAL DISEASE ON C	ONDITION OIVER	11 1710 1(0)		
WD.	al ar attending icate has been far use as the Health prior ta	NO.	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	20b IF	YES, WERE FINDINGS C	ONSIDERED IN CE	PTIEVING
e :	as has pri	E S	TA. DATE OF OFERATION	. CONDITION TOR WHICH OF ERATION	THASTERIORNED	YES NO NO	CALISES	OF DEATH?	DIGIDERED IN CE	KIN TINO
	ar att	CERTIFICATION	210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21. 40	W INJURY OCCURRED (Enter		in Dark 1 or Dark 2	Itam 10)	
A.	al a icat far Hec		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth Do	Y Yeor	W INJURY OCCURRED (Enter	r nature at injury	in Part I ar Port 2,	nem 16.)	
PHYSICIAN:	spit ed ed af	MEDICAL	(If either, notify medical exam		19					
¥.	the haspil this certi detached e Dept. af	-	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	ETC. 214. LOC	ATION Street or R.F.D. No.	. City o	or Town	County	Stote
5	te D det		at work ot work			1	16	A	100	
N.	by th		22a. I certify that (I) (th	nis hospital) attended the		Mina, 19	8, ta_	Jec , 19.		(I) (we) lo
EN.	S. A.	1	saw the deceased of	e, (I) (we) (did) (did net) vi	ow the bady after d	rmai in (my) (aur) api eath	nian death a	ccurrea an the ac	re ana naur c	ina tram tr
E E	CTOR: A should ifth the		22b. SIGNATURE	c, (i) (ii o) (aia) (aia-iio) (ii	A. C	-		22c.	DATE SIGNED	
OR ATTENDIN	3 3 3		Bine	11 Teta 1 0	DEGRE	E PHYS. M	MED. DIRECTOR		2-5-6	8
0	d age	1	22d. PHYSICIAN'S	a py	00010	22e ADDRESS		F1173. —		
ATIV	RA Pe		NAME (Type) DERN	1ARD A. F1729	GRAL 0	217 4010.	BLUDE,	Silver.	SPRING	Md
O HOSPITAL	Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior ta	230			AME OF CEMETERY OR C		23d. LOCATION	V (City or Town)	(County)	(Stote)
±	Pag dire sha	230	REMOVAL (Specify)	Lec. 8, 1968 /6	ethany C	anelin	Pu	laski Co	untuiti	usour
2		24	FUNERAL DIRECTOR		ADDRESS T		Y REGISTRAR	2Sb. REGISTRAR'S	-1007	
	VR A15 (4) 30M REV. 1/68	0	wither Walters	254 Carrall NA	What I	DADEC	registrar 196		Pan Quel	. 9.

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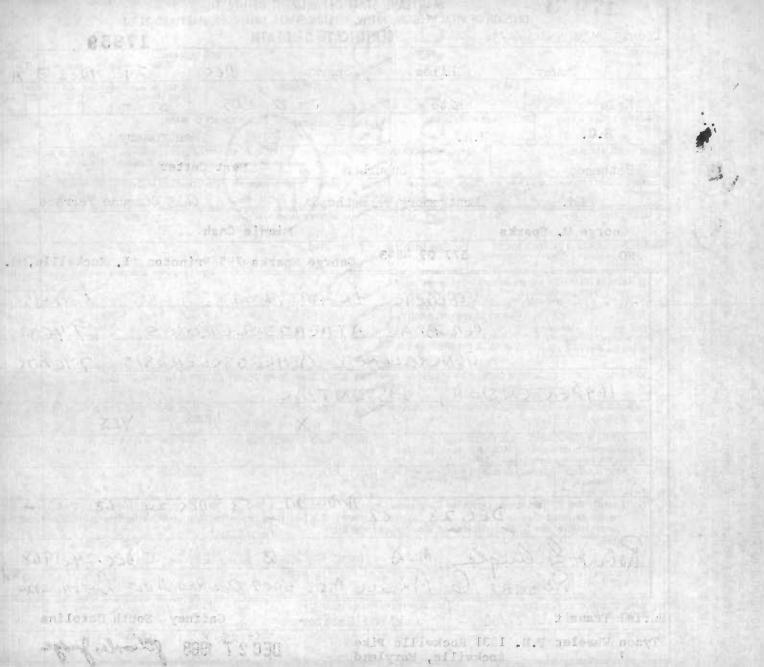
2		ems 18&22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			7957
HEALTH DEPT.		Type or Print)	Doy Yeor 2b. HOUR
ded del	3. S		Yeor 68 7: 15
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED ANEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED Montgomery	M
after death any 8. Give Pages 1, 2, alang with farm P with the State Department.	S	ilver Spring give street oddress) alden Rd. S.S. Md. during most of working life, even if retired.) IN	2b. KIND OF BUSINESS OR NDUSTRY own home
N ==== 0	130.	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13th COUNTY SILVER SpringYES (NO ) 9016 Walden Rd.	•
24 hours s Office s land 2	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  George W. Garland Louise	Rrown.
I within 24 in pendil in Examinar's Examinar's File pages 172 haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yos give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT Junius L. Snoddy ADDRESS  578-09-5057  17. INFORMANT Junius L. Snoddy ADDRESS  4. Snoddy ADDRESS	Maryland
This certificate shauld be executed wit icate, writing the word "pending" in pe be forwarded ta the Chief Medical Exard be used as a burial-transit permit. File ar remaval, and in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  Acute lobar pneumonia,  WMEDIATE CAUSE (o) Acute lobar pneumonia,  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse  (b) upper lobe, right lung  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE IN ERVAL BETWEEN ONSET AND OEATH
ficate shauing the worded to the ded to the action of a second of	- 13	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate iracle, writing the be forwarded to do be used as a bar remayal, and	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
*= =	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item P.M. 19	n 18.)
	ME	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town	County State
no DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior ta burial, crem		22a. I certify that took charge of the remains described above held an Autapsy Inspection Inspectio	and in my apiniar
TO 1 hee	1	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C BURIAL (Specify) 12-21-1968. Cedar Hill Compton Prince Georges	County) (Stote)  Maryland
VR A15ME (5)		FUNERAL DIRECTOR Garler C. Glen Carlocress Sil. Spr., MEO. RECD BY REGISTRAR 256. REGISTRAR'S STO.	

As now I have a way to the first free to the first the f

_ 1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI		
		17947		ERTIFICATE OF DEATH		958
de oth.	(	ECEASED-NAME First Type or print) Dura	Middle	Snyder Snyder	20. DATE OF DEATH Month Doy	8 Yeor 68 2b. HOUR 10 Au M
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the trineral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages, Canashould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in gay event, within 72 hours after death.	3. S	ex Gemale	4. RACE Cancasian	S. DATE OF BIRTH April 1994	6. AGE (In yeors last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in by there. Page 72 hours,		BIRTHPLACE (Stote or foreign 7 ntry) Nebraska	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH  Montgomery	Md.
mpletely filled in the carbon popers. Syent, within 72 h		Silver Spring	11. NAME OF HOSPITAL OR INS give street oddress) 0014 Rentre	TITUTION (If not in hospito! 120. US during   120   12	UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Home
event,	130.	USUAL RESIDENCE (Where deceosed ission) STATE Md.		13c. CITY OR TOWN 13d INSIDE CITY		
mar ii	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
	160	Mark. WAS DECEASED EVER IN U.S. ARMED	Prime  Prime  16b. SOCIAL SECURITY N		lice	Greed
0`	,	(es, no, or unknown) (If yes give war	or dates of service) 506-26- 0		L. Snyder Silver	Spring. Md.
buriol, cremotion, or remova		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED EIMMEDIATE	one couse per lipe for (o), (b), ond (c).) BY:	make and com	1. to 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n, or		4379 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	rene and Card	rac far uro.	12 hours.
notic		Conditions, if ony, which gove rise to immediate couse (o),	(b) Corgor	d + Carlina a	ntemasclaroris	247600
		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	lized Arteria	sclores	20 y veens
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2	CERTIFICATION			YES NO		
	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING  ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH  (If either, notify medical examiner			ter noture of injury in Port 1 or Port 2, Ite	em 18.)
	W	at wark at work	ACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			County State
200		220. I certify that (I) (thissaw the deceased alive	hospital) oftended the deceased	d from Oforce 95, 19	oinian death accurred an the date	that (I) (we) last e and haur and from the
£		causes stated abave, (	(I) (we) (did) ( <del>did not)</del> view the b	ady after death.		
should be filed with the State Dept. of Health prior to		& Alltha	o Helbut,		MED. STAFF DIRECTOR PHYS. D	TE SIGNED - 9,6968
ld be fi		22d. PHYSICIAN'S NAME (Type) R. St.	ephen Hulburt	22e. ADDRESS 2000 Dex	rt Place, N. W. Wo	sh. D. C.
shou	230.	BURIAL, CREMATION, 23b. DAT DEMOVAL (Specify)	10,01968 Rock	EMETERY OR CREMATORY Creek Cemetery	23d. LOCATION (City or Town) Washington, D.	(County) (Stote)
(4)	MA W	arner & Pumphre	en Carletau 34DDRESSO	raia Ave. 250. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S ST	IGNATURE
24		Total Control of	7, ower o	pring, Md. DATUEL	12 1968 John	es judge

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	1/1/	<b>L</b>	17948	MARYLAN DIVISION OF VITAL RECORDS,	D STATE DEPARTMEN		VIAND 21201	
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4	2	_	ECEASED-NAME First	L/O/O9 KK Middle	Lost	2o. DATE OF	1795	2b. HOUR
eot	tuneral 1 ond 2 er death.		(ype or print)  Dewey	Miles	Sparks	DEC.	Month 2 4 Doy	Yeor 50
D .	o l o er d	3. SE		4. RACE	5. DATE OF BIRTH			IF UNDER 1 YEAR IF UNDER 24 HRS.
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ours		7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIES			
4 th	= /	COUL	S.C.,	U.S.	WIDOWED DIVORCED		ontgomery	Md
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth etoined by the hospital ar ottending physician.	Thin 72	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		120. USUAL OCCUPATION		12b. KIND OF BUSINESS OR INDUSTRY
wit .			Bethesda	Su	burban	during mole of working		INDUSTRY
ed .	95/15	13o. admi	ission) STATE	13b. COUNTY	VIE VIE	SCI NOCI	EET AND NUMBER	en en en en en en en en en en en en en e
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± €	D O O	160.	WAS DECEASED EVER IN U.S. ARME			IIIII Cabii	Address	
ifica		Y	'es, nN o unknown) (If yes give war	D FORCES? 16b. SOCIAL SECURITY 17 O 9 48		arks 795 Pri		Rockville, Md.
cert	signed by the offending phys buriol-tronsit permit. Then p buriol, crematian, or remaval,		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
₩ :	iit.		PART 1. DEATH WAS CAUSED	BY: CAUSE (a) CEREBRAL	INFARCT	TION		5 DAYS
de de	permit.		4330	DUE TO, OR AS A CONSEQUENCE OF				
£ .	sit p matii		Conditions, if ony, which gove rise to immediate couse (o),	(b) CEREBRAL	ATHERO	SCLERO	515	7 YEARS
tha an.	ron		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	A			
ires ysici	signed by the buriol-tronsit buriol, cremati		lost. 332x	(1) GENERAL		TEROSCLE		7 YEARS
- ph			PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN	IN PART 1(o)	
ding	the or to	NOI	190. DATE OF OPERATION 19b. CO	ENSION E	REFORMED 200. AUTOPSY	a lantif	YES, WERE FINDINGS CON	UCIDEDED IN CEDIEVING
OR ATTENDING PHYSICIAN: The law requires the be retoined by the hospital ar ottending physician.	Affer his certificate has been be detached for use as the State Dept. of Health prior to	CERTIFICATION	170. DATE OF OPERATION	DNDITION FOR WHICH OFERALION WAS PE	YES YES		OF DEATH?	SIDEKED IN CEKTIFTING
ar o	use	CERT	21o. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	,	RED (Enter noture of injury	in Port 1 or Port 2. Ite	em 181
CIA	F F F F F F F F F F F F F F F F F F F	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor P.M. 19				
IYSI 10Sp	chec pt. c		21d. INJURY OCCURRED 21e. P	LACE OF INJURY ( AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street or	r R.F.D. No. City	or Town	County Stote
he l	deto e De		While Not while ot work of work					
by t	be o		22a. I certify that (I) (this	r haspital) attended the decease ve an DEC, 23	ed from Arnie 21	_, 195 <u>3</u> , ta DC	C 24, 196	8_, that (I) (we) las
ENG	the the		causes stated above.	(I) (we) (did) (did not) view the	bady after death.	( <del>our)</del> apinian death a	curred an the date	e and haur and tram the
ATI	Ses #		276. SIONATURE					ATE SIGNED
OR Pe	e 3 e d v		Nobert 3.1	angle M. L	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. DEC	.24,1968
TAL	pag be filled		22d. PHYSICIAN'S NAME (Type)	1 CA.	22e. ADDRESS		1111	Q Ma
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TO HOSPITAL Page 4 may b	director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to	230. B11	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY Land Cemetery	23d. LOCATION Gaffr	(City or Town)	(County) (Stote) Carolina
	- 17 - 1 - 10			H. 1331 Rockville		o. REC'D BY REGISTRAR	2Sb. REGISTRAR'S S	GNATURE
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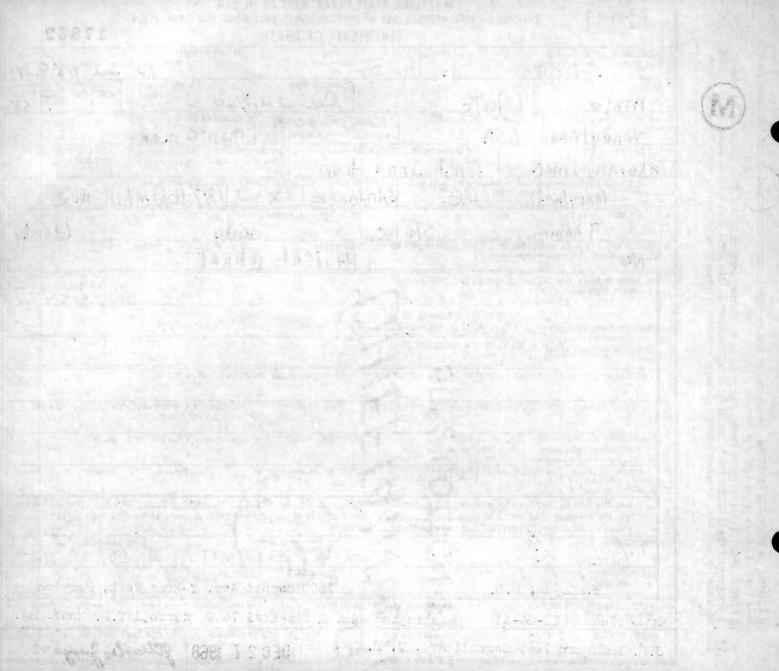


10	1	MARTLAND STATE DEPARTMENT OF HEALTH	
44-1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CENTIFICATE OF BEATH	960
一		ECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
deat	1	Type or print) Ralph J. Spraque Dec 27	19/2 1:10 A
Te - I	3. 51	CV C	INDER 1 YEAR   IF UNDER 24 HRS.
ors after by the Poges	1	male white 1-4-1898 lost birthday) YRS. MON	THS DAYS HOURS MIN
hours after death n by the fractions. S. Poges I and hours after death		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? , B. MARDIED WILLIAM MARDIED 9. COUNTY OF DEATH	
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fille fille	10. (	CITY OR TOWN OF DEATH,  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address)	2b. KIND OF BUSINESS OR
equires that the death certificate be executed within 24 physician. signed by the attending physicion and completely filled in buriol-transit permit. Then please remove carbon paper burial, cremation, or removal, and in any event, within 72		DEMESON Retired	Gov Lt
pplet car	13o. odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. CQUNTY	
com com		ma montgoning DE thisda 10 9019 LINDA	18 DRIUS
and rem	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
d in de	_	Frank Sprague Mabel DeWitt	
ysicion of please bl, and in	160.	. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (It yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Wife Address	
he death certificate attending physicion permit. Then pleose ion, or removol, and		Yes WW I Ella F. Sprague Same as I	
ng ng Lh		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death attendii permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ceretro vascular accident	1 days
affe on,		4369 DUE TO, OR AS A CONSEQUENCE OF	
the the nation		Conditions, if ony, which gove trise to immediate couse (o). (b) articles cleases	
tho an. by tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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PHYSICIAN: The low requires that the death certe hospitol ar attending physician. his certificate has been signed by the attending perched for use as the buriol-transit permit. The Dept. of Health prior to burial, cremation, or remove		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	- premaron o
OR ATTENDING PHYSICIAN: The low rebe retained by the hospital ar attending DIRECTOR: After this certificate has been ge 3 should be detached for use as the led with the State Dept. of Health prior to	No	Emphysiana, congestive heart failule, tenas insuffice	ieney, a
e for tend	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIL	DERED IN CHAIFYING
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ol a licoti for Hee		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item HOUR A.M. Month Doy Yeor	18.)
Sprit Sprit	MEDICAL	(If either, notify medical examiner) P.M.	
G PHYSIC the hospii this certi detoched ie Dept. of	>	21d. INJURY OCCURRED While Not while 1 thought of the process of t	ounty Stote
det the b		ST WOLK OF WOLK	
be Sto		22a. I certify that (1) (this hospital) attended the deceased fram 2 18 , 1968, ta 12/27, 196	d, that (1) (1000) las
R: / Lined the the		saw the deceased alive an 2 1962, and that in (my) (eur) apinian death accurred an the date a causes stated abave, (I) (we) (did) (did not) view the bady after death.	ind havr and tram the
Short Short		22b. SIGNATURE 22c DATE	SUSNED
OR JOE TO SE SE SE SE SE SE SE SE SE SE SE SE SE		allow mell us degree ATTENDING MED. STAFF 12/	22/68
A AL Doog of File		22d. PHYSICIAN'S 22e. ADDRESS	16 1
ERA ERA d be		NAME (Type) Allen J O Neill 8601 old Deargetion Loo	el, petheste
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filled with the State Dept. of Health prior to burial, cre	23o.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (Stote)
5 5 5 2 × ×		Burial 12-30-68 Parklawn Cemetery Rockville, Mary	
VR A15 VI		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	IATURE
45M . 1 69	R	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 2 1969 Icharl	by Judge

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		MARTLAND STATE DEPARTMENT OF HEALTH  MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7961
HEALTH DEPT.	1, 0	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	Day Year 2b. HOUF
		(ype of Print) Po 1 3	30 1968 3 3
ay 3 t Pog	3. \$	X 4. RACE 5. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HQUI
y delay is and 3 to and 3 to M3. Page		Mai 14 1996 last birthday) MONTHS DAYS HOURS MM. Months Day 30	Year 1969 5 5
- E 8		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
Pages ith form		Mosh. Pc U.S.A WIDOWED DIVORCED   Montgomery	N
after death  8. Sive Pages 1, along with form with the State pe	10.		2b. KIND OF BUSINESS OR NDUSTRY
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de × d.80	0	dission) STATE Morgan 13b. COUNTY Menit gennery Derwool. YES NO 19713 Muncas	ster Rel
24 hours of in tem 18. r's Office alo	14. 1	ATHER'S NAME First Middle Stokes 15. MOTHER'S MAIDEN NAME First Middle Rolph. Gordon Stokes Dorothy Mail	YOUNE)
s certificate shauld be executed within 24 e, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's used as o buriol-transit permit. File pages emoval, and in any event within 72 hours		MAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  12. T-16-8896  7. C-16-1.  Same as 11	
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be executed "pending" in nief Medical E ansit permit. F event within		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GOOD Shot Weened. of Head.	BETWEEN ONSET AND DEATH
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per per nsit		Canditians, if any, which gave )	
shauld be e word "pei the Chief uriol-transit	1	rise ta immediate cause (a). (b)	
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g the sed to be and and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
certificate writing th inwarded t used as o noval, and	N	976 X	
uis certificate, writing to to the terminate to the used as removal,	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
P P	RTE		YES NO
生		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM. 12/30 1968  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item Shot self in head with Pistel.	1 18.)
INER: Le certifi should files: 3 shauld ration, c	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
₹ 4 7 9 F		WHILE NOT WHILE AT WORK AT WOR	1 1000
please execute director. Page retained for you.  DIRECTOR: Page at to burial, cre		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry X,	ond in my opinia
se e crtar ned ECT		death resulted from: Natural couses 🗍 , Accident 🔲 , Suicide 🔼 , Homicide 🔲 , Undetermined manner	
please e l director retained DIRECT		ACTUAL Offin S. Ball CHIEF MEDICAL EXAMINER 22b. DATE SI	
TY, erolose SAL Pri		M.D. ADDISANT MEDICAL EXAMINER	
O DEPUTY SICA Incessary, please esthe funeral director. S may be retained of FUNERAL DIRECTOR. Health priar to but	60	EXAMINER'S  NAME (Type)  John G. Ball  Dec 30  ADDRESS(Street, city, town, or county)	2,1760.
necessal the function of the f	23a		County) (Stote)
		Buriaguiy) Jan. 2, 1968 Laytonsville Laytonsville Mon	,,
an		FUNERAL DIRECTOR ADDRESS 250-, REC'D BY REGISTRAR 25b. REGISTRAR 5 SI	
VR A15ME (5)	F	rancis H. Barber Laytonsville, Md. DATEJAN 6 1969 June	2000

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1/-	MARTLAND STATE DEPARTMENT OF HEALTH
	17953 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17964
# #.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
deoth.	(Type or print) MARGARET (N) STONEBRAKER DECEMBER Day 8 Years 6 A.
a = =	
# 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years lifunder 14 Hrs. lost but av)  White  SEPT 3, 1887  6. AGE (In years lifunder 14 Hrs. lost but av)  MONTHS DAYS HOURS MIN
ours	
cuted within 24 hours after deoth ampletely filled in by the funeral ve carbon papers. Pages I and 2 event, within 72 hours after death.	76. CITIZEN OF WHAT COUNTRY?  COUNTRY)  WIDOWED DIVORCED  9. COUNTY OF DEATH  WIDOWED DIVORCED  MONTGOMERY
in 2 ille	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
e eccuted within 24 hand completely filled in remove corbon papers.	BETHESDA give street oddress) BAN HOSPITIAL during most of working life, ever if retired.) INDUSTRY
plet correction	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE MARY AND 13b. COUNTY COMPANY OF STATE MARY AND 15b. COUNTY COU
	Odmission) STATE MARYLAND 136. COUNTY COMERY CHEVY CHASE YES NO 4403 BRADLEY LANE
ond reme	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle
	UNKNOWN Maclannan Marsha Machine
physikian of phosol, ond is	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address /3 741 Foliation 18
tific hys n p vol,	Yes, no, or finknown) (If yes give wor or dates of service) 578-01-8116 VAY STONEBRAKER MANE, NEW TRANSPORT
he deoth certifi e ottending phy: permit. Then prion, or removol	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
oth odin it.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (of archorshir a tory failure 12 hrs, after obdownal & parachers Hours
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ICIAN: The law requires that the deoth certifice pital or ottending physicion. Trificate has been signed by the ottending physical far use os the buriol-tronsit permit. Then plot Health prior to burial, cremation, or removol,	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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e h use	21g. ACCIDENT WAS UNDERLYING 21h TIME OF INITIPY 21t HOW INITIPY OF CHIEFE OF THE PORT OF PORT 2 How 18)
AN al cal cal far Hec	
Spit spit ed ed . of	Grant Contributing Cause of Death HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
G PHYSICIAN: the hospital or this certificate detoched far u	
the Detail	While Not while of wark of wark
by th by th After the be de State	22a. I certify that (I) (this hospital) attended the deceased from 1/2/1, 19.68, to 19.68, that (I) (we) las
END ned N: A uld	saw the deceased alive an
Shoir thin	22h SICNATIBE
OR ATTENDING PHYSICIAN: The law be retoined by the hospital or ottendin DIRECTOR: After this certificate has been 19 3 shauld be detoched far use os the ed with the State Dept. of Health prior the	Dephi a River DEGREE PHYS. DIRECTOR D STAFF D 12/8/68
AL D	22d. PHYSICIALIS 22e. ADDRESS 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt	NAME (Type) Joseph A. Romeo M.D. 8218 Wisconsin Ave. Bethesda, Md.
HOS ge 2 ectr	
<b>5 6 6 9 9 9 9 9 9 9 9 9 9</b>	236. BURIAL (SANDON)   236. DATE   236. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town)   (County)   (Stote)   23d. Machington   23d. Machingto
	24. FUNERAL DIRECTOR ROBERT A. PLANT LO ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 45M - 1/69	7557-Wiscowsin Due Stittering Mr. DATE DEC 16 1968 Schooler Judge
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THE STREET	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL	
	CERTIFICATE OF DEATH	17966
2. 2.	1. DECEASED-NAME / First / Middle Lost 2a. DATE OF DEA	TH 25. HOUR
er death, funeral	(Type or print) HAZE! I. SWARD.	Month 12 Day 29 Ye 68 M
after he fu ges d	3. SEX 4. RACE 5. DATE OF BIRTH 6.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) Manths DAYS HOURS MIN
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ne death certifir attending phy: permit. Then pian, ar remaval	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AN: The day are at all are at least he far use Health		Part 1 or Part 2, Item 18.)
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he he hard	While Nat while at work of the	own coomy store
by t ffer ffer be o	22g. I certify that (I) (this hospital) attended the deceased from 19/37, 19 68, to 12	129, 1960, that (I) (we) las
OR ATTENDING be retained by th DIRECTOR: After t is 3 shauld be de ed with the State	saw the deceased alive on 12/25 19/28, and that in (my) (our) opinian death accurates stated above, (I) (we) (did) (did not) view the body ofter death.	irred on the dote and hour and from the
R AT reta	22b. SIGNATURE  (110) MED. ST DEGREE PHYS DIRECTOR PH	AFF 22c. DATE SIGNED
L OIR	Celler M Morozpe Degree ATTENDING MED. ST 22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS	AFF 12/29/68
SPITA 4 may IERAL ar, p d be	NAME (Type) GYLLEN M. MONDZAL 5904 CHATSLE	DORTH RATE OA
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar to burial, cre	23d. XUXIX (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C REMOVAL (Specify) 1-2-69 Cedar Hill Suitla	ity or Town) (County) (State)  nd Prince G. Md.
5-5		25b. REGISTBAR'S SIGNATURE
VR A99 (4)	7557-Wisconsin Ave. Bethesda, Md. DATEJAN 6 196	

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	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
he uneral ge 1 and 2 after death.	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	Robert J. Swingle Dec 3 1948/ 7 N
	3. SEX 4. RACE S. DANFOF BIRTH 6. AGE (In years I Funder 1 YEAR IF UNDER 24 HRS.
	11171E 10-30 86 82 YRS
	7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country)
	Washington D.C. U.S.A.   WIDOWED   Inontgomered   Md
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast of work long life, even if retired). INDUSTRY.
0	DETRESOR SUBURDAN Ret. Field Inspect, U.S. Govt
-	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) STATE  13b. COUNTY  13c. STREET AND NUMBER  13c. CITY OR TOWN  13d. INSIDE CITY UMITS?  13e. STREET AND NUMBER  13c. CITY OR TOWN
7 =	THE THENTED ISEINED TO SCOT GROSVENOR AV.
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Catherine Johnston
-	160 WAS DECEASED EVED IN HIS ADMED CODESS 166 SOCIAL SECURITY NO. 17 INCORMANT
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes W. W. L  16b. SOCIAL SECURITY NO. 17. INFORMANT AddressAddress AddressAddress S78-44-1825 Mrs. Asha W. Swingle, as above.
F	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  Congestive heart failure
1	IMMEDIATE CAUSE (a)
	Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Coronary insufficiency
	rise to immediate cause (a).
-1	stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     last.   (c) Atherosclerosis
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	4201
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b TIME OF INIURY 121c HOW INIURY OCCURRED (Enter nature of iniury in Part 1 or Part 2 How 18)
1	YES NO CAUSES OF DEATH?
	12 to the fill the fi
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, natify medical examiner) P.M. 19  2 and INVIDEN OCCUPRED 12 to PLACE OF INVIDENCE ARM STREET FACTORY VISIT LOCATION. Street on P.E.D. No
	≥ 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R. F.D. No. City of Town County State
	at wark at wark
	220. I certify that (I) (this hospital) ottended the deceosed from Nov. 2, 1967, to Dec. 3, 1968, that (I) (we) los
	saw the deceased alive on DEC. 2 1964, and that in (my) (our) apinion death occurred on the date and hour and from the rauses stated above, (I) (we) (did) (did-not) view the bady after death.
	226 SGNATURE 226 DATE SIGNED
	About J. angle M.D. DEGREE PHYS. MED. STAFF DEC. 3. 1968
	22d. PHYSICIAN'S 22e. ADDRESS
1	NAME (Type) ROBERT G. ANGLE, MD. 5009 DelRay Ave. Bethesda, Md.
1	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Y	Burial 12/6/68 Geo. Washington Cem. Hyattsville, Montg. Md.
(P)	24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE
69	Robert A. Pomphrey, Bethesda, Maryland, DEC 9 1968 Schooles Judge

80271 THE COURSE WHEN AS THE PROPERTY OF THE P wood a work and their their town of the town The second secon Corolina Check Statenous Decity (Intelligen Corcan : Like Laloucic, 10-10-10-10-10-1 York Safety Committee of the safety of the safety Service of the state of the sta . but . Share Callivantays . see to author . order . Alaker . farmer Sere A Parkage, Sequence, earthand. 1956 Verteburge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR PIV DECEASED-NAME First Middle Lost 20 DATE OF DEATH deoth. deoth. eral puo (Type or print) December William Anthony Taddeo 10:00 3. SEX 4. RACE 5. DATE OF BIRTH IF UNGER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last highday) HOURS June 12, 1939 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) New Jersey USA WIDOWED [ DIVORCED Montgomery remove corban paper filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done in any event, within 12b. KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired.) warehouse Supervisor INDUSTRY Bethesda completely 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER STIMULYTIS ROIZNI 134 executed admission) STATE New Jersey 138. COUNTY YES -916 Lakeside Place Union 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle lost sicion and Taddeo Ned Marv LaFerrara gug 17. INFORMANT The Medical Record Address requires that the death certificate 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) burial, cremation, or remaval, 143-30-0983 The Clinical Center, Bethesda, Maryland attending ph permit. Then 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY 24 Hours permit. Sepsis, shock IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) 1 Years (b) Acute Myelogenous Leukemia signed by the burial-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) hos been s ise as the b ith prior tab 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES X Yes **J FUNERAL DIRECTOR:** After this certificate ho director, page 3 should be detached for use should be filed with the Stote Dept. of Health p Poge 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 19 22a. I certify that (1x (this haspital) attended the deceased from December 3, 1968, to December/, 1968, that (1) (we) last saw the deceased alive an December 1968, and that in (14x) (our) opinion death occurred an the date and hour and from the causes stated above, (A) (Me) (did) (did not Eview the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 20 December 1968 STAFF PHYS. DIRECTOR DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Brian W. Goodell, M. D. Institutes of Health, Bethesda, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Burial (Specify) 2 12/24/68 Gate of Heaven Cemetery Hanover, New Jersey Typon Dwheeler Funeral Home-14931 Rockville Pinger By Registran Rockville. Md. 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Ocharle 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

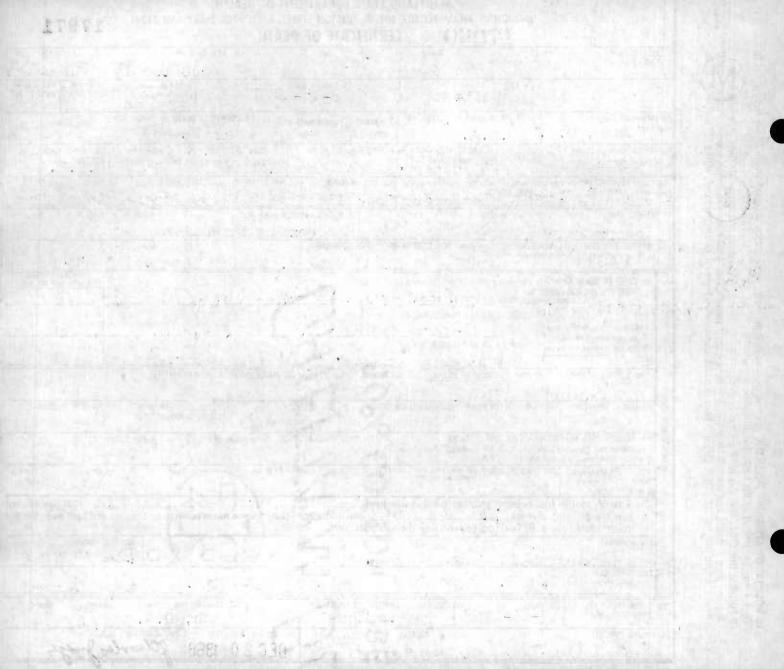
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7970
FOR STATE	17959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1510
HEALTH DEPT.	1. DECEASED-NAME First / Middle / Lost / 20 DATE KNOWN   Month Dow	Yeor 2b. HOUR
is de de de de de de de de de de de de de	(Type or Print) Andrew Clifford Tait DEATH MATED That	9 1948 87
ay Bag Pag	3. SEX 4. RACE / S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR
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is certific te, writin forward se used as remaval,	WAS PERFORMED?	20. AUTOPSY?
ate e e	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 1.	YES NO 20
# p = 1		5.)
NER ce hau iles sho sho sho	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street. 21f. LOCATION Street or R.F.D. No. City or Town Co	54-4-
XAMINER: te the certi ge 4 shaulc yaur files. 'age 3 shau crematian,	WHILE NOT WHILE foctory, office building, etc.)	ounty Stote
DEPUTY  Cessary, please execute the cert e funeral director. Page 4 shaul may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shaul	AT WORK L AT WORK L	
ICAL E) e executor. Paged far (CTOR: Purial)	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🗹,	and in my opiniar
pleose e I director retained DIRECT	death resulted fram: Natural couses 🖾, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌	
pleose I director retainer DIREC	ACTUAL OF GROOM CHIEF MEDICAL EXAMINER CONTRACTOR CONTR	
JTY bleose eral direct be retain RAL DIRE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGN	
DEPU tessar e fune may b FUNER		2,1968
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0 = + 2 0 =	230. BURIAL CREMATION, REMOVAL (Specify)  Burial  23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial  23d. Burial 23d. LOCATION (City or Town) Burial	Maryland
	Burial 12/13/68 Govanstown Presby. Ch. 201111111	
VR A15ME (5)	24. FUNERAL DIRECTOR  ADDRESS Tyson Wheeler Funeral Home 1331 Rock. Pike DATE DEC 16 1968  ADDRESS DATE DEC 16 1968	ATURE Our Late
10M REV. 1/68	Tyson Wheeler Funeral Home 1331 Rock. Pike DATE DEC 1 6 1968 June	0

MARYLAND STATE DEPARTMENT OF HEALTH

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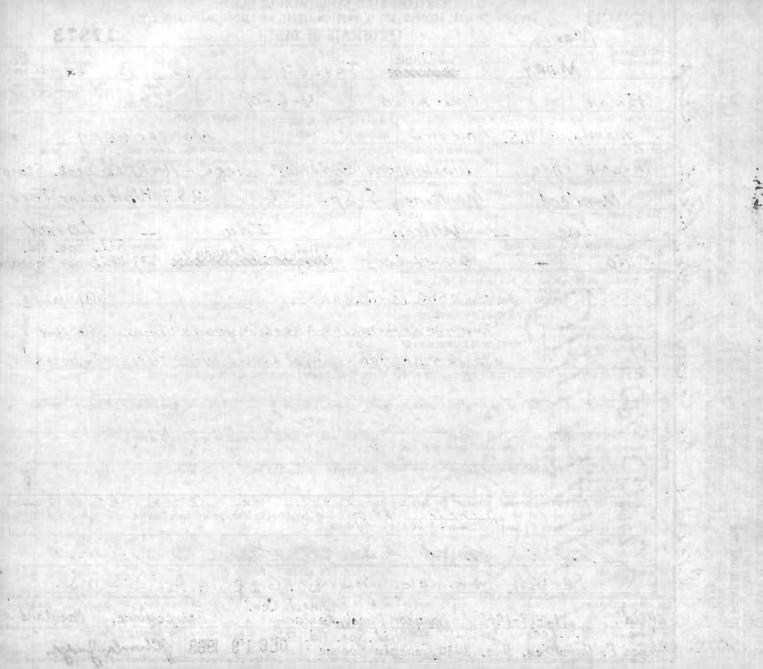
1.5	I	THE MARYLAND STATE DEPARTMENT OF HEALTH  tem 23 a Film G DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  2/31/68 llw CFRTIFICATE OF DEATH	17971
leoth.	1. [	2/31/68 11w 17960 CERTIFICATE OF DEATH  DECEASED-NAME Type or print)  George Tait  December 17	2b. Hour
s offer of the reserve of the reserv	3. 5	Male  4. RACE White S. DATE OF BIRTH 8-18-1876 6. AGE (In years lost birthdoy) 92- YRS.	NDER 1 YEAR   IF UNDER 24 HRS.
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within 24 harbin 24 harbon popers.	0 1	Rockville 'gjue street gddress) Lane during most of warking life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY P.O
ond completing on the completing on the contract of the contra	130 gdn	USUAL RESIDENCE (Where deceosed lixed, if institution: Residence before list. CITY OR TOWN list. INSIDE CITY LIMITS? 13e. STREET AND NUMBER listson) STATE Harylangs county Rockvile YES NO 259 Congress:	ional Lane
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OR ATTENDING PHYSICIAN: The low requires the be retoined by the hospital or oftending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detoched for use os the buriol-trailed with the State Dept. of Health prior ta buriol, cre	CERTIFICATION	1312×12	DERED IN CERTIFYING
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G PHYSIC the hospir this certi detoched te Dept. of	×	While Nat while at work	unty Stote
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L OR Al be reto DIRECTION ge 3 sh		22b. SIGNATURE  ATTENDING  MED.  STAFF  PHYS.  22c. DATE  Phys.  22c. DATE  Dec	17, 1968
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100	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
+		55	17961 CERTIFICATE OF DEATH 17972
	death.		CEASED-NAME First Middle Last 2a. DATE OF DEATH  Ope or print) Les le Britton Taylor Dec Month 7 Doy 1940.8 P. M.
		3. SE	Male  4. RACE  5. DATE OF BIRTH  6. AGE (In yeors lost birthgay)  Nonths OAYS HOURS MIN.  78 YRS.
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	ited within 24 haurs after interest filled in by the to a carban papers. Pages vent, within 72 hours after	10. C	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if setting)  12. LISUAL OCCUPATION (Rind of work done during most of working life, even if setting)  12. KIND OF BUSINESS OR JUDIOR (Rind of work done during most of working life, even if setting)
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	C 20	16a. Y	WAS DECLASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 15th, no, or unknown) (If yes give war or dates of service) 141-16-0222 Patient & Wife
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	ENDIN ned by R: After old be the Stat		22a. I certify that (I) (this haspital) attended the deceased from 12/10, 1968, to 12/17, 1968, that (I) (we) last saw the deceased alive on 12/17 1968, and that in (my) (our) opinion death occurred on the date and from the causes stated above, (I) (we) (did) (did not) view the bady ofter death.
	PITAL OR ATTENI may be retained RRAL DIRECTOR: A r, page 3 shauld be filed with the		22b. SIGNATURE Couples R. J. J. DEGREE ATTENDING MED. STAFF 15/18/68
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150	spite spite	£ 7	EDIC	(If either, notify medical examin	er) P.M.	19						
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MAKILAND STATE DEPARTMENT OF HEALTH

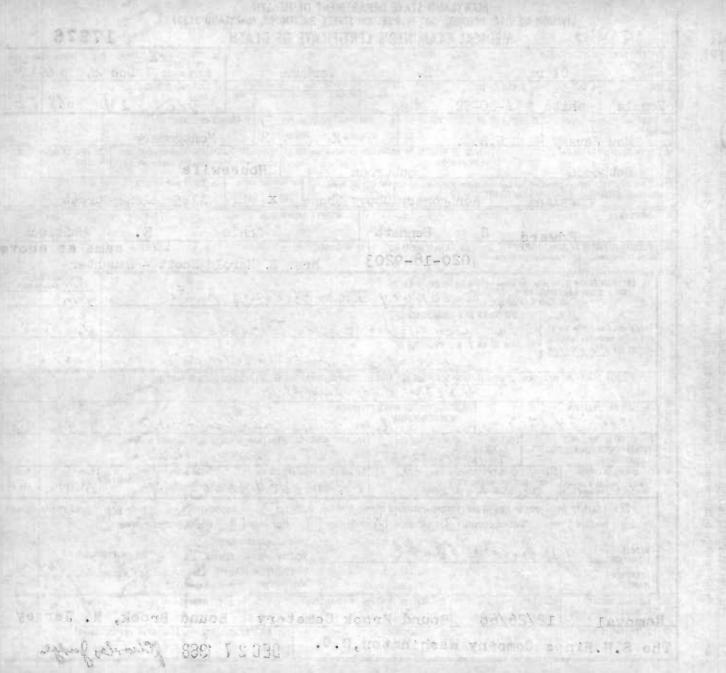
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17976 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2g. DATE KNOWN X Last Year (Type or Print) Clara B. Terhune Dec 24 DEATH MATED 3. SEX 4 RACE 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) 4-10-82 White Female YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED X DIVORCED [ New Jersey II.S.A Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR shauld be farwarded to the Chief Medical Examiner's Office along with during most of working life, even if retired.) give street oddress) **INDUSTRY** the Bethesda death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER land 2 with Maryland 13b. COUNTY admission) STATE YES NO Montgomery Chevy Chase 4125 Leland Street Item ] after 14. FATHER'S NAME Middle last 15 MOTHER'S MAIDEN NAME First Middle Lost Annie Whitlock Bennett E. .⊆ haurs Edward pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within same as above (Yes, ng. gr unknown) (If yes give war or dates of service) 020-18-9203 Mrs. T. Harold Scott - Daughter File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH "pending" Coronary Insufficency Acute. IMMEDIATE CAUSE (a) event DUF TO OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove Cardie Vascular rise ta immediate cause (a), writing the ward any This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arterio Solerosis. Year's .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? Dec- 24,1988 the certificate, NO DE YES 🔲 pe b 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING crematian, in newsering frame CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.). 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. County City or Town State FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK VIGIT mission burial, 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X and in my opinion Notural couses . Accident . death resulted from: Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER 5 may FO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Jersey Bound Brook Cemetery Bound Brook, N. Removal 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE The S.H. Hines Company Washington.D.C. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Yeor (Type or Print) Alice Elizabeth Thomas DEATH MATED 4. RACE 6. AGE (In years 3. SEX IF UNOER 1 YEAR IF UNCER 24 HRS. 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3-22-1890 Yeor Depar 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with form Montaomery WIDOWED [ DIVORCED [ The Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Motor Give Silver Spring Accountant 13d. INSIDE CITY LIMITS? deoth. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Sandy Norwood Road hours Item 18 Office ofter oseph Middle and 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Alice Thomas Pawcett 2 4 should be forworded to the Chief Medical Exominer's hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** within (Yes, np, or unknown) (If yes give war or dates of service) Grank 9. Thomas 3278 Gleneagles 577-03-6229 File 72 APPROXIMATE INTERVAL be executed within 18. CAUSE OF DEATH (Enter only one cause per line, for (o), (b), and (c)) permit. BETWEEN ONSET AND GEATH pending PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gove rise to immediate couse (a). any certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, NO PA YES 🗀 pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) pluods PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE [ 22a. I certify that took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion director. death resulted from: Notural causes Accident Suicide Homicide Undetermined manner pleose CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED the funerol ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth moy **EXAMINER'S** Belden R. Reap NAME (Type) 0 23o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) urial 8-1968 Rock 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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11 - 1/		Items 1 & 5 FilmGho7 MARYLAND STATE DEPARTMENT OF HEALTH	
1 16		12/23/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		LY STORE OF DEATH	
€ 22€			2b. HOUR
death	,	(Type or print) BATHERINE E. THOMAS 12 7 68	1:00 MM
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he afte has he h	CERTIFICATION	YES NO CAUSES OF DEATH?	
or or use alt			
Feig Bank	MEDICAL	∮ ∏ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doγ Yeor { (If either, notify medical examiner) P.M. 19	
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RECI		22b. SIGNATURE 22c. DATE SIGNATURE PHYS. STAFF DIRECTOR PHYS.	/
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ITA may RAL Pe f be f		22d. PHYSICIAN'S HUGO G. GRAZIANI . 22e. ADDRESS 10101 GEORGIA AUGRUE & SILVER STR	710 MO
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

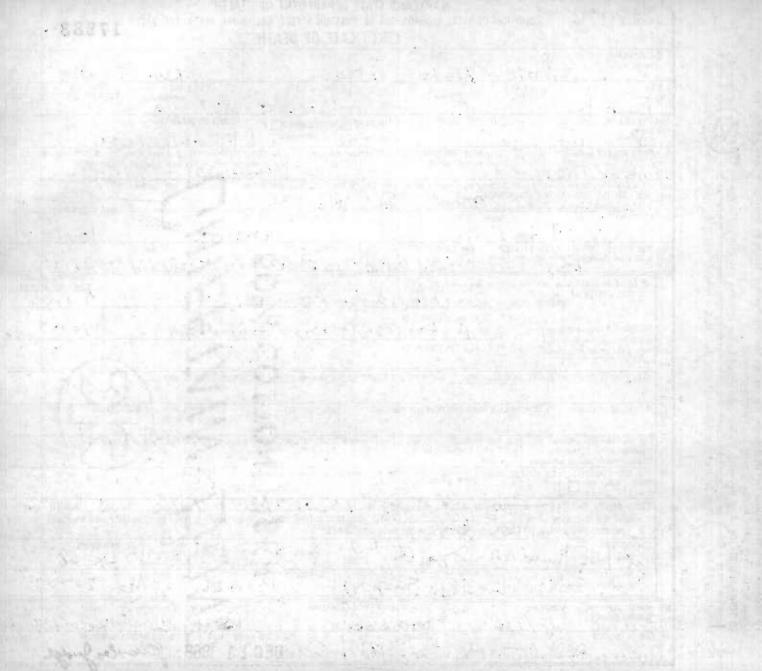
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by the fur Pages 1		Silver RURAL and give negrest jown) 22 hours of the Skin
= /c min	1	d. NAME OF HOSPITAL OR INSULUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
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V V	15	3. NAME OF DECEASED CHARLES LEFT Middle TILAMOS AN 1 4. DATE DOY YEOR
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cidin and Bose rent		100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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e at per		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
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atte has	- 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TENTINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED?
ol or at icote hi for use Heolth	d	F T 201 NO
spitol ertific ed fo		PERFORMED? YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
hos ce och	-	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
te D		Hour o.m. p.m.  19 While of work of work foctory, street, office bldg., etc.)
by Affe by Sto Sto		21. I certify that (1) (this hospital) attended the deceased from Nov., 1967, to Cluff, 1968, that (1) (-)
R: Ned		saw the deceased alive on 1968, and that death accurred at 2:2014, from causes and on the date stoted obc
She Figure 1		220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 22b. DATE SIGNED
be 3 ded y		M.D. PHYS. L. DIRECTOR L. PHYS. L. MALL O / 170 )
RAL RAL Page be fil		NAME (Type) ALARRIVA: CARLTON 88/1000 SS, Mcd.
Poge 4 may  FUNERAL  director, po	0	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)
die die	1	Burial 12-17-1968 Loudon Park Cemetery Baltimore, Maryland
VR A15 (4)	()	24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 5130 Wisco. 5250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
25M 1/67	1)	Ave. N.W., Wash., D.C., 20016 DEC 19 1968 Charley Judge

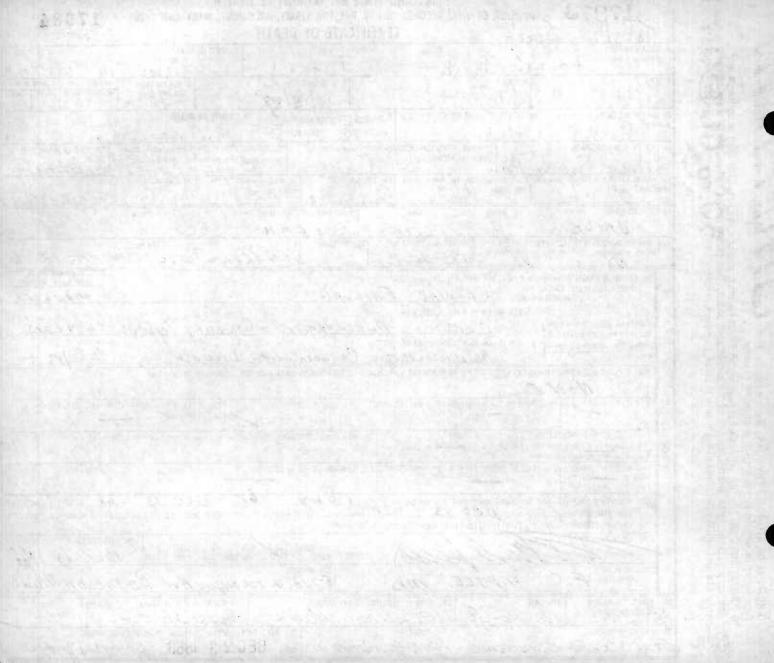
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25		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
		ECEASED-NAME First Middle Last 20. DATE OF DEATH 25. HOUR ADDRESS 7 1968
	3. SE	Female 4. RACE 5. DATE OF BIRTH 6. AGE (In years lift under 1 year if under 24 He last birthday) Female Ushate Des 18-1877 90 yrs. Months Days Hours MI
	7o. I	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPIED NEVER MARPIED 9. COUNTY OF DEATH
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5		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN ission) STATE 13b. COUNTY Monta, Verolegical VES NO
1	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Property Annie Bales
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (16b. SOCIAL SECURITY NO. 17. INFORMANT  (If yes give war or dates of service)  2(5-54-7420 Mas 13etly 11 true, Publes oille, Indianal
		1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OF PHO VESCULAR ACCIDENT  TO DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  TO DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  TO
		Conditions, if ony, which gave)  (b) Ayter 1050 love 515, Generalized Years
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	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)    Contributing   Cause of Death   HOUR A.M. Manth Day . Year   19
1	ME	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or Town Caunty State
		22a. I certify that (I) (this hospital) attended the deceosed from
		226 GIGNATURE  Windown Degree Phys. Director Phys. D 22c. Date Signed 2 Director Phys. D 20c 68
1		22d PHYSIGAN'S NAME (Type) Gordon Murdoch Snith, Mp 22e. ADDRESS Barnosville, Md 20763
	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 12-19-16-8  23c. NAME OF CEMETERY OR CREMATORY  BORDON AND A COUNTY (Stote)
R	24.	FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGNATURY  LONG BOLLONG  DATE CONTROL OF THE PROPERTY OF
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100 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	984
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± 2- ±		DECEASED-NAME   First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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and rem	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
te bi	160	JACOB N. TOFSKY LEAH  g. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT Address	- ;
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oat the nsit permating		rise to immediate cause (a). (b) C. M. College	EARS
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quir phys signe suric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	#
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ar a ar te h use ealth	CERTI	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
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VDING d by th After d be d		220. I certify that (1) (this hospital) attended the deceased from 10 27, 19 8, to DEC 13, 19 68, th	at (I) (we) last
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OR ATTEN be retained DIRECTOR: ge 3 shauld		22b. SIGNATURE 22c. DATE SIGNED	
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ro HOSPITAL Page 4 may O FUNERAL I directar, pag shauld be fil		22d. PHYSICIAN'S NAME (Type) F. C. MAYLE MB 228 WISCONSIN ALE BETHESD.	4 MONOIX
HOSE Be 4 UNE ectal auld	23a.	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (County)	(State)
Pag Page	Z	BUNGATE 12-16-68 NAT'L MEM. HARK FALLS CHURCH	VA
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	0
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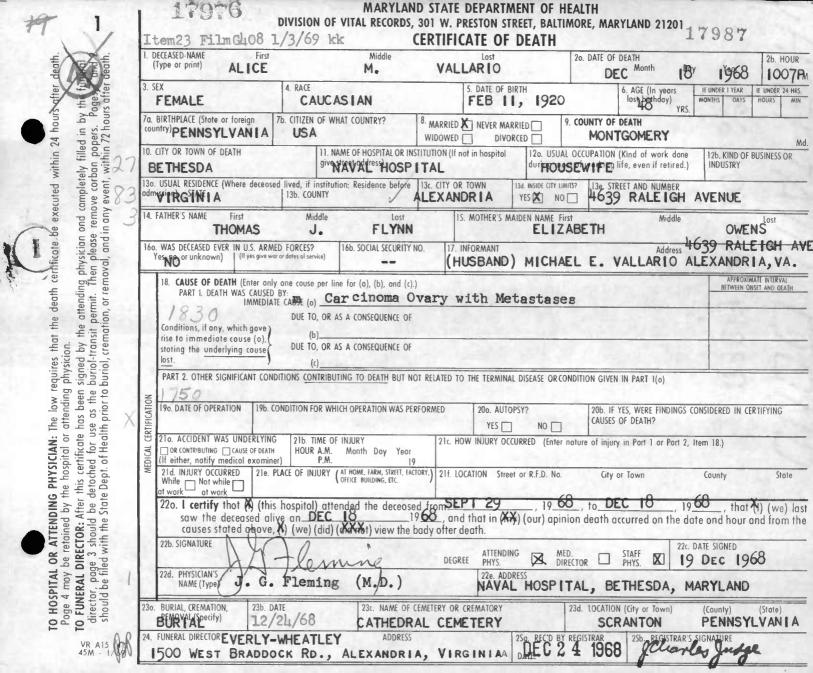


11.0	MARYLAND STATE DEPARTMENT OF HEALTH	
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  17985	
	CERTIFICATE OF DEATH	
death.		HOUR
	SEX Femule 4. RACE Librite 5. DATE OF BIRTH 3-94 6. AGE (In years if under 1 year is under worths days hours) wonths days hours	24 HRS.
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bon pap	CLY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital D.O. USUAL OCCUPATION (Kind of Work done give street oddress)  Suburban Hospital D.O. A. (CT) Recommendation of the property of the state of the property of the state of the property of the pr	sor
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The law requires that the death certificate be executed attending physician. has been signed by the attending physician and camplise as the burial-transit permit. Then please remave to the priar ta burial, crematian, ar removal, and in any even	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PRODUMEN ONSET AND (C)  Yes	
t the d the atte sit pern nation,	Conditions, if ony, which gove rise to immediate couse (a),  (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a),  (b)  Pu/monary emphysema  /25  /25  //  //  //  //  //  //  //	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or Funes at may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages shauld be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs.	22a. I certify that (1) (this haspitol) ottended the deceased from saw the deceased alive an 20 c /7 1968, and that in (my) (our) apinion death accurred an the date and haur and from causes stated abave, (1) (we) (did) (did not) view the bady after death.	e) last am the
OR AT be reto DIRECTO	226. SIGNATURE  M. D. DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. Dee 20 19 6	18
O HOSPITAL Page 4 may O FUNERAL director, page		001
TO HC Page TO FUI direc shau	b. BURIAL (REMATION, REMOVAL/Specify)  Burial 12/23/68 Parklawn Cemetery Rockville, Montg. Md.	<del>2</del> )
VR A15 (4)	ROBERT A. PUMPHREY, Bethesda, Maryland Date DEC 2 6 1968 REGISTER'S SIGNATURE BUTTON BY REGISTER PROBLEM SIGNATURE DEC 2 6 1968	
Town May	Bethesda, Marylandwit	11

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	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	and completely fremave carbon	43	13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before mission) STATE Wash, Dollar, COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3015 CHANNEST, N. 1.	=_
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L OR AT	y be reta DIRECT age 3 shr		22b. SIGNATURE  ATTENDING  MED.  DIRECTOR  STAFF  12/27/68  22c. DATE SIGNED  12/27/68  22d. PHYSICIAN'S  22e. ADDRESS	
OSPITA	JNERAL Ctar, pould be	1	NAME (Type) RENNETH CRUZE 83/ Unimported the Chile Spring 49 30. BURIAL, GREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d DCATION (City or Town) (County) (Gote)	TO THE
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111	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17988
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etely filled arban pape	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  Silver Spring  12. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)  Name of Hospital or INDUSTRY  Shoe Store
ecuted with completely green, with yearst, with the carban of the carban	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmissian) STATE Md. 13b. COUNTY Montgomery Chevy Chase YES NO 2613 East-West Highway
be exe	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  Samuel P. Van Pelt - unknown
physician on please plays, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes na, ar unknawn) (If yes give war or dates of service) 345-05-2497A NOSS Mrs. Mary K. Van Pelt 2613 East West Hia
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equires that ti physician. signed by the burial-transit burial, cremat	rise to immediate cause (a).  stating the underlying couse (b)  DUE TO, OR AS A CONSEQUENCE OF CARDIOVASC. D.S.  (c) TYPERTENSIVE CARDIOVASC. D.S.  (d) TYPERTENSIVE CARDIOVASC. D.S.
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JING PHYSIC by the hospi offer this certi be defached State Dept. o	21d. INJURY OCCURRED While Not while of wark o
by free Stat	22a. I certify that (1) (this hospital) attended the deceased from 1965, to 212, 1965, that (1) (wa) las saw the deceased alive on 1965, one that in (my) (sur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
OR ATTO	22b. SIGNATURE  22b. SIGNATURE  DEGREE PHYS.
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22d. PHYSICIAN'S NAME (Type) G. Leanard Gold M.D. 22e. ADDRESS 9801 Georgia Avenue Silver Spring, Md.
Page of Fundirect shaul	23a. BURIAL (REMATION, BENDELL') 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  Parklawn Cemetery Rockville Mont. Md.
VR A15 (4) 30M REV. 1/68	Warner E. Pumphrey Inc. 8434 Ga. Avenue S.S. DATE 19 1968 256 REGISTRAR'S SIGNATURE

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	MARYLAND STATE DEPARTMENT OF HEALTH
71	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7)	CERTIFICATE OF DEATH 17989
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2 hours after c	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years   If under 1 year   If under 24 Hrs   If under 24
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	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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90	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  SILVER Spring  120. USUAL OCCUPATION (Kind of work done give street oddress)  FAIR and NES  Maitre d  Maitre d  130. USUAL RESIDENCE (Whe're deceased lived, if institution: Residence he're 130. CITY OR TOWN  130. USUAL RESIDENCE (Whe're deceased lived, if institution: Residence he're 130. CITY OR TOWN  130. USUAL RESIDENCE (Whe're deceased lived, if institution: Residence he're 130. CITY OR TOWN
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5 /	15. MUTHER'S MAIDEN NAME FIRST MIDDLE LOST
	IGNATIUS VECHERY FANNIE  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address
	Yes, no, or unknown) (If yes give war or dates of service)
	NO 565-12-8708 FREDERIC D. VECHERY SAME AS # 13
	PART 1. DEATH WAS CAUSED BY:
5	IMMEDIATE CAUSE (a)
20 100, stemolodi, of temovol, ond in ony even, within 12	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF Facilities.  Canditions, if ony, which gove)
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	[If either, natify medical examiner) P.M. 19
	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote
	at work of work
	220. I certify that (I) (this hospital) attended the deceased from 1968, to 12.7, 1968, that (I) (ve) last saw the deceased align on 1960, and that it (my) (our) opinion death occurred an the date and haur and from the
	(auses stated above, (1) (we) (did) (did nat) view the bady after death.
	22b SIGNATURE A 22c DATE SIGNED
	Dencez, DEGREE ATTENDING MED. STAFF   12-19-68
	PHYSICIAN'S NAME (Type) JOHN R. SPENCER. M. D.  22e-ADDRESS 15444 COLUMBIA ROAD, BERTONSVILLE, MD.
	230. BURIAL, CREMATION, 23b DATE 12-23-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  FT LINCLON CEMETERY BLADENSBURG MARYLAND.
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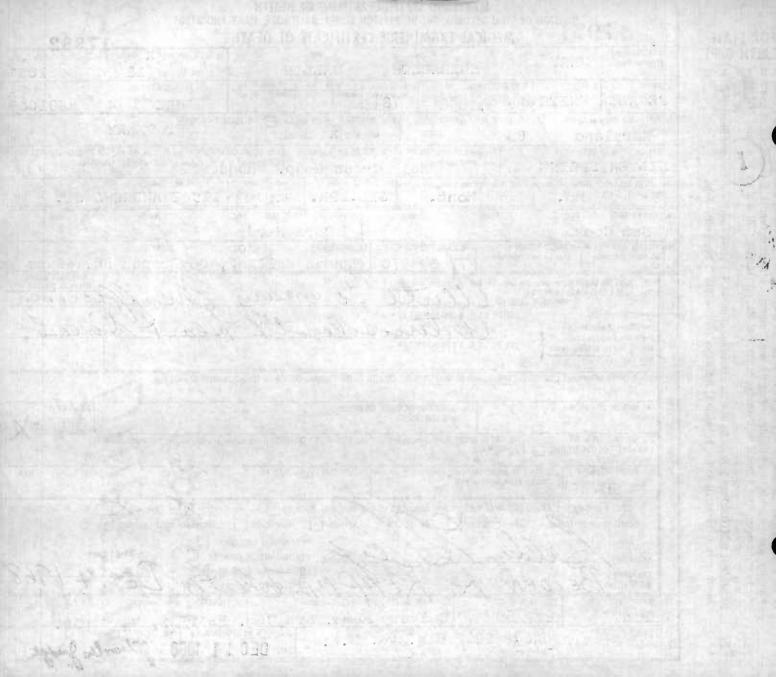
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 17009 HEALTH DEPT. 1. DECEASED-NAME Middle MARY Last 2a. DATE KNOWN K Month Yeor 2b. (Type or Print) ESTI-ELIZABETH WALLING DEATH MATED 168 Oa M 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup last birthday) WHITE FEMALE Oa M YRS 9. COUNTY OF DEATH MONTGOMERY 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Country US WIDOWED E DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street oddress) INDUSTRY SILVER SPRING ross with death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Office ala 13b. COUNTY Mont. Item 18. admission) STATE Md. SIL.SPR. 11942 ANDREWS YES NO l and 2 after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Last Middle Last Sam Cook Cora Hardy haurs the certificate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's pages 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT executed within pencil Son **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) ling. 406 Rd. Veeana Thomas Branch File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and event within permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Canditions, if any, which gave rise ta immediate couse (a). any This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State NOT WHILE foctory, office building, etc.) AT WORK please execute AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Inspection ond in my opinion directar. death resulted from Natural\_causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE, DEPUTY-MEDICAL EXAMINER **EXAMINER'S** Health may NAME (Type) the 0 BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Calvary Memo. Park Cem. Fairf FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1968

MARYLAND STATE DEPARTMENT OF HEALTH

10M REV 1/68



	179	188 DIVIS	ION OF VITAL RECORDS	ND STATE DEPART 5, 301 W. PRESTON S CERTIFICATE O		DRE, MARYLAND 2120	17993
	DECEASED-NAME     (Type or print)	First	Middle	Last		a. DATE OF DEATH	2b. HOUR
		John	J.	WALSH,		December	Doy 10 Year 68 100g
	3. SEX Male	4. RA	Caucasian	S. DATE DE	ay 1895	6. AGE (In years last birthday)	IF UNOER 1 YEAR IF UNOER 24 HRS MONTHS DAYS HOURS MIN
	7o. BIRTHPLACE (State country)  Massacl	e or foreign 7b. CITIZ	ZEN OF WHAT COUNTRY?	8. MARRIED NEVER N WIDOWED TO DI	VORCED 9. C	Montgomery	Md.
71	Bethesda	DIAIII	give street oddress) Naval Hos	NSTITUTION (If not in haspita Spital		CCUPATION (Kind of work do of working life, even if retire Navy	ine 12b. KIND OF BUSINESS OR
2	13o. USUAL RESIDENCE admission) STATE	E (Where deceased lived, Maryland 186.	if institution: Residence before	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
).	14. FATHER'S NAME	First	Middle Last	1S. MOTHER'S	MAIDEN NAME First	Middle	Last
	Yes 20 or unknaw 18. CAUSE OF I	DEATH (Enter anly ane ca	use per line for (a), (b), and (c	1.1		sh, Jr., 1012	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DE	ATH WAS CAUSED BY:  IMMEDIATE CAUSE	PNEUMONIA	RIGHT LOWER	LOBE		BEIWEIN UNSEL AND GEATH
7	Conditions, if an	DUE ny, which gove)	TD, OR AS A CONSEQUENCE D	F			
	rise to immedi- stating the und	ate cause (a) f	(b) TO, OR AS A CONSEQUENCE O	F			
	PART 2 DTHEP	SIGNIFICANT CONDITIONS	(c)	NOT DELATED TO THE TEDAM	MAI DICEACE DRODAID	ITIDAL CIVEN IN DADY 1/-)	
	1491V	SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH BUT	NOT RELATED TO THE TERMI	MAL DISEASE DICCOND	HIDN GIVEN IN PART I(d)	
1	19a. DATE OF OPE		N FOR WHICH DPERATION WAS F	YES §	X NO	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
	☐ OR CONTRIBUTING	G CAUSE OF DEATH HC		19		ure of injury in Part 1 or Port	2, Item 18.)
	While Nat v	/ark	INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.			City ar Tawn	County State
	22a. I certify saw the	<b>y</b> that <b>\$1)</b> (this haspi e deceased alive an.	tal) attended the decear bec. 10 e) (did) (didoot) view the	sed from <b>Dec</b> . 19 <b>68</b> , and that in ( bady after death.	8, 19_68 n <del>iy) (</del> our) opinio	, ta <b>Dec 10</b> , n death occurred on the	19 <u>68</u> , that (kx (we) last dote and hour ond from the
	22b. SIGNATURE	Wou Fra	y buy	DEGREE PHYS.		TOR STAFF 1	December 11, 1968
	22d. PHYSICIAN'S NAME (Type	e) & A. L.	GRAYBIEL	Nar		al, Bethesda,	, Md.
	23a. BURIAL, CREMATI BEMOVAL (Specif	ion, 23b. DATE 12/13	// 6	cemetery or crematory		d LOCATION (City or Town) Arlington	(County) (State)
- P	24. FUNERAL DIRECTO	_	Hanlow Funeras		2Sa. REC'D BY RE		AR'S SIGNATURE

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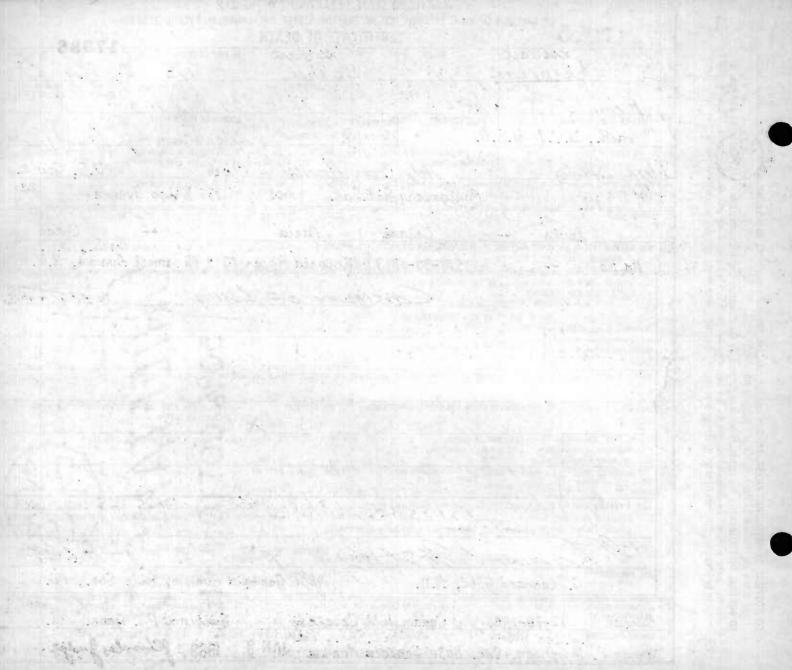
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-100			17983 DIVISION O		301 W. PRESTON STREET		LAND 21201	17994
16					CERTIFICATE OF DE	ATH		1.002
10 £ -25			CEASED-NAME / First	Middle	Last	20. DATE OF DE	EATH	2b. HOUR
hours after death.  The part of the funeral barre of the funeral barre of the funeral hours of the funeral hours of the funeral hours of the funeral forth.		(	ype or print) HERBERT	E.	WALTER		Month Boy	Year V 6 m
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		cau	1 DC	1150	B. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED		AIR .	
Page 1		10.	ITY OR TOWN OF DEATH	NAME OF HOSPITAL OR IN		2a. USUAL OCCUPATION K	ind of work Anna	Md.
E 5.5.5	20	1		re street address)		uring most of working life	e, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
> 0	10	130.	USUAL RESIDENCE (Where deceased lived, if instit	BUYBAN A	to SPHAI	RETIRE	T AND NUMBER	NIH
cut every		adm	ssion) STATE 13b. COUNTY		D. C. YES	100.0111	7 COUN.	AVE. N.W.
eme exe		14.	ATHER'S NAME First Middle	Last	IS. MOTHER'S MAIDEN	NAME First	Middle	Last
ate be exe		10	John L	wast	Two /	Emma,	5. (	Thesens)
ate icion leos		160.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORMANT		Address	20001140
hys hys		1	es, no, or unknown (If yes give war or dates of service)	1577-01-84	200 Sester Ed	dra Walte	Some	de alpano
cer g p The			& CAUSE OF DEATH (Enter only one couse per			Les Ma	Du haran	APPROXIMATE INTERVAL
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t the the or the			Conditions, if ony, which gave	Pulmonar	11 pmahuse	ma Ilany	-01104 D	1011/10=1
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quir phys igne igne			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN	PART I(a)	
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law ndir bee		ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR W	VHICH OPERATION WAS PE	REFORMED 20a. AUTOPSY?		S, WERE FINDINGS CONS	IDERED IN CERTIFYING
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or or use	0		21a. ACCIDENT WAS UNDERLYING   21b. TIME (	OF INJURY	21c. HOW INJURY OCCURRED		n Part 1 ar Part 2 Item	n 181
CIAN Fire Fire Fire Fire Fire Fire Fire Fire		S	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M.			- (and harde at milety in		10./
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OR ATTENDING PHYSICIAN: De retoined by the hospital or NIRECTOR: After this certificate e 3 should be detached for the			While Nat while at wark	OFFICE BUILDING, ETC.	) and the state of the	- City of	TOWIT	coonly stole
NG V # V # Ter e d			22a. I certify that (I) (this hospital) at	tended the decense	ed fram	, 1958; to D	C 1 1 19/5	E, that (I) (we) last
NDI d b d b d b e Si			saw the deceased alive an causes stated above, (I) (we) (did	Dec 271	96 , and that in (my) La	apinian death acc	urred an the date	and haur and from the
OR Sine				) (did nat) view the l	bady after death.			
ret ret			22b. SIGNATURE	1000 1.	ATTENDING Y	MED - S	TAFF 22c. DAT	E SIGNED
De pe			Sewas Ell	agg mt	DEGREE PHYS.	MED. S DIRECTOR D S	TAFF D 12	27/68
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phys director, page 3 should be detached for use as the burial-transit permit. Then pshould be filed with the State Deat, of Health prior to burial, remayan arremayan	1		22d. PHYSICIAN'S Stewart	Clap,	DM.D. 22e. ADDRESS	5415 W	Segai	Lahe
TOS UNI Beto		23a.	BURIAL, CREMATION, 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (	City or Town)	County) (State)
Page dire		R	REMOVAL (Specify) 12/31/68	CEDAR	11 / /		AND M	(Sidile)
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	
		17935 CERTIFICATE OF DEATH	17006
	1. DE	ECEASED-NAME XXXX L'ast Middle XXXX 2a. DATE OF DEATH Type ar print) ( Month	Doy Yeor 2b. HOUR
		WARNER: 1. ESTHER 12.	26 1968 3 AM
-	3. SE	S. DATE OF BIRTH  6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
In .		Female White 11/5/99 7/	YRS.
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1 /
		Wash., D.C., U.J.H. WIDOWED DIVORCED /Mortgamer	
2 151	10. 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during mast of warking life, even if retire	INDUCTOR
(00	5,	IVER JARING HOLY CROSS MESPITAN (LETR	000000
15		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE 13b. COUNTY Montgomery Sil. Spr. 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 735 Sligo R	lvenue
1	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	e Lost
		Louis Oriani Maria	Cuneo
		. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. [17. INFORMANT] Address	ss Wash., D.C.
	LY	Yes, no. prunknown) (If yes give wor or dates of service) 578-36-8813 Victoria Hiser 1315 Missouri	Avenue, N.W.
		18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (s).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAPCINOMA OF LING	fac morth
		162 / DUE TO, OR AS A CONSEQUENCE OF	7
		Conditions, if any, which gave	
		rise to immediate couse (o), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	×	1/6.3 X	
	CATIC	CAUCEC OF DEATHS	NGS CONSIDERED IN CERTIFYING
2	CERTIFICATION	YES NO	
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part	rt 2, Item 18.)
	MEDICAL	(If either, notify medical examiner) P.M.	
	W	21d. INJURY OCCURRED While Not while	County State
			11000000
		22a. I certify that (I) (this hospital) attended the deceased from 1965, to 225, so when deceased glive on 2519 and that in (my) (ear) opinion death occurred on the source stated above (I) (up) (district) view the hadren death	e date and hour and from the
		couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth.	e dare and noor and nom the
		22h SIGNATUR	22c. DATE SIGNED
		LOUGREE PHYS. ATTENDING DIRECTOR DIRECTOR PHYS.	12/26/68
1		224 PHYSICIAN'S	1 Snx Md
-		in g. warm and ge only the	
	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	
		Buriat (Specify) 12-30-1968 Cedar Hill Cemetery Suitland Pr.	
)	24.	FUNERAL DIRECTOR) W. Lee Justin ADDRESS Sil. Spr., Md 250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3 1969	RAR'S SIGNATURE
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MAKTLAND STATE DEPARTMENT OF HEALTH



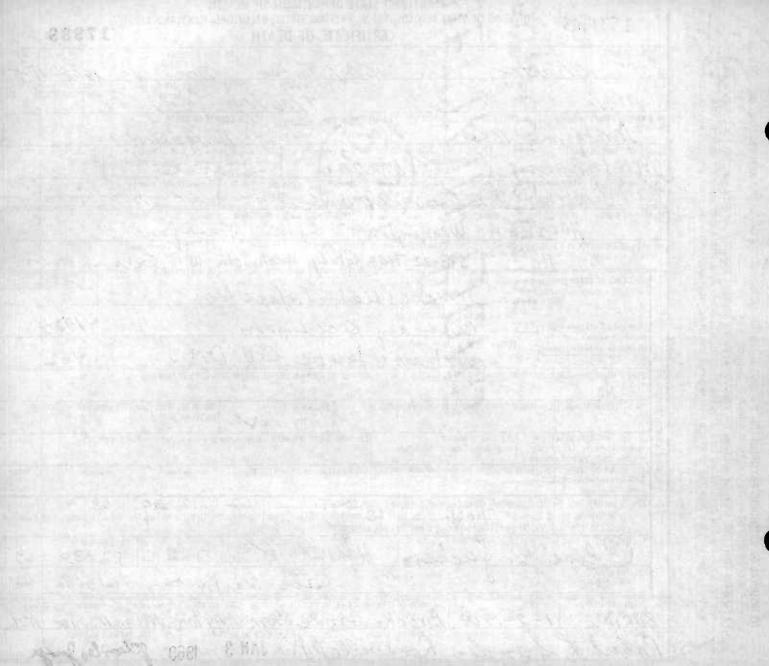
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	3. SI		14. RACE Negro	S. DATE OF		6. AGE (In years last birthday)  9 / YRS.	IF UNDER 1 YEAR IF U	JNDER 24 HRS. IURS MIN
		BIRTHPLACE (Stote or foreign oftry)	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M. WIDOWED DIV	AKKIEU	ounty of DEATH  lontgomer	/	Md.
70	1 .	ity or town of death Uheaton	11. NAME OF HOSPITAL OR INS give street oddress)	11 , 1	12a. USUAL OC during most at	CUPATION (Kind of work done) working life, eyen if retired.) 45 CWITE	12b. KIND OF BUSI INDUSTRY	NESS OR
17	130.	USUAL RESIDENCE (Where decer ission) STATE	osed lived, if institution: Residence before	13c. CITY OR TOWN Washingto	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 4614 New H	amshire	AVENU
	14.	ATHER'S NAME First	Middle Last	1S. MOTHER'S	MAIDEN NAME First	Middle		.ost
		WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give	MED FORCES? war or dates of service)  16b. SOCIAL SECURITY N	O. 17. INFORMANT	P. State	Address		ul-tic
	NO	PART 1. DEATH WAS CAUS IMMED  4339 Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NO	ARTERY ALIZED  OT RELATED TO THE TERMIN	ARTER			
2	CERTIFICATION	19a. DATE OF OPERATION 198	o. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AU YES [		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, natify medical exam	ATH OUR A.M. Month Doy Yeor niner) P.M. 19		OCCURRED (Enter natu	ure af injury in Part 1 or Port 2,	Item 18.)	
	×	21d. INJURY OCCURRED 21d While Not while at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Sti	reet or R.F.D. No.	City or Town	County	Stote
		sow the deceosed causes stated above	his hospital) attended the decease olive onl' ve, (I) (we) (did) (did nat) view the l	and that in (	my) (our) opinion	n death accurred on the d	ote ond hour ond	(we) last
/		22b. SIGNATURE  PHYSICIAN'S NAME (Type)	Matias,	M. D. 22e. Al	DING MED. DIRECT DDRESS The Monts	OR STAFF 22c	DATE SIGNED 16	'S leked
	230	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE - 69 23c. NAME OF C	EMETERY OR CREMATORY	236 L	d. LOCATION (City or Town)	(County) (	Stately
() /68	24.	FUMERAL DIRECTOR	atin 3435-14	-stimu	2So. REC'D BY REC'D DEC		SIGNATURE SALES	ge

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
11 11		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	000
		CERTIFICATE OF DEATH 17	999
5 E 2 E		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
funera funera 5 ond fer death	1 "	(Type or print) Chaples L. Washington Dec. 29 19	Year 1129 M
Ter ter	3. SE		ER 1 YEAR IF UNDER 24 HRS
ors aft.  Y the Pages		MALE NEGRO. 7/06/09 last birthday) NONTHS	OAYS HOURS MIN
haurs on the in by the sers. Page 2 haurs		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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vithin 24 lith filled in paper within 72	10. 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done lizb. during most of working life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	. KIND OF BUSINESS OR
e executed within 24 and campletely filled remave carban pape in any event, within 77	1	Montgomany give street address Suburban. during most of working life, even if retired.) IND	DUSTRY
cuted ampletine carrier event.		D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Missian) STATE 13b. COUNTY	
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we ma	14, 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
be se din d		HEZIKAH Washington Lila Fairfay	
equires that the death certificate be exemply signed by the attending physician and aburial-transit permit. Then please rematurial, cremation, or removal, and in any		o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wor or dates of service)  Address  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address	, -
iat the death certific the attending physismatian, or removal,		NO 508-21-1404 Glacys washington, wife, German	
S SE E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) My o can dial Infanction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath eath		IMMEDIATE CAUSE (a) Myo cardial Listar ction	
ath perrian,		14/09 DUE TO, OR AS A CONSEQUENCE OF	50111
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tho an. by tran	1	estating the underlying cours? DUE TO, OR AS A CONSEQUENCE OF	in
ysici ysici ned ial-		7 0 10 1	1962
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal e hospital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked for use as the burial-transit permit. Then please remave carban papers. Pages 1 and Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after deat		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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e la tenda sa bas as prio	2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
AN: The old or att	CERTIFICATION	YES NO VALUE OF INJURY 1216. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18	
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<b>G PHYSIC</b> the hospit this certil detached		While Not while (OFFICE BUILDING, ETC.	nty State
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DIN J by After I be Stal		22a. I certify that (I) (this haspital) attended the deceased fram (1962), 1962, 1963, and that in (my) (aur) apinian death accurred an the date and	d hour and from the
ATTEND etained CTOR: A shauld vith the		saw the deceased alive an	
reto R AT reto With		22b SKENATURE - 22c. DATE SI	IGNED
OR be 3 Je 3 ed v		the The Melistry DEGREE PHYS. DIRECTOR PHYS. 1	-30 -68
TAL AL POG POG POG POG POG POG POG POG POG POG		22d. PHYSICIANS NAME (Type)  22e. ADDRESS 22	ille Mil
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	23a.	a. BURIAL, CREMATION, 23b. DATE 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	inty) (State)
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4 -24	1. DECEASED-NAME	First	Middle		Lost	2a. DATE OF DEATH		2b. HOUR
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and rem	14. FATHER'S NAME	First	Middle Las	15.	MOTHER'S MAIDEN NAME		Middle	Last
an case		LILIAM T	BETTS	TV NO. 117 INC	MARY	E. EVANS		20141
physician physician en please aval, and i	Yes, na, ar unkn	D EVER IN U.S. ARMED FO awn) (If yes give wor or date	es of service)	P	ORMANT		ddress	
physician nen pleas	NO		214-22-		HERBERT W	ATERS, 1320 MI		MATE INTERVAL
DE F	18. CAUSE O	F DEATH (Enter anly one DEATH WAS CAUSED BY:	cause per line far (a), (b), and	(c).)			BETWEEN C	DNSET AND OFATH
he death attendi permit. ian, ar r	I ANT C		JSE (a)CANCER (	OF LEFT B	REAST			
that the dian. by the att transit pen crematian,	1/4	any, which gove	DUE TO, OR AS A CONSEQUENCE	OF				
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equires that thy physician. signed by the burial-transit burial, creman	last.	)	(t)	T NOT DOLLED TO	LIE TERMINAL PASSAGE OR	COMPLIANT CONTROL OF BUILDING		
n required in a phing ph	1700	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	I NOT RELATED TO	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a	)	
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IAN: tal ar ficate far u Healli		TING CAUSE OF CEATH	21b. TIME OF INJURY HOUR A.M. Month Day Yo	ear	INJURY OCCURRED (Ente	er nature of injury in Part 1 or	r Part 2, Item 18.)	
NDING PHYSICIAN: The by the haspital ar a state this certificate had be detached far use to State Dept. af Health	OR CONTRIBU	ify medical examiner) OCCURRED 21e. PLACE	P.M.  OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	19 , FACTORY.) 21f. LOCA	TION Street ar R.F.D. No	a. City ar Tawn	County	State
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Short Short	22b. SIGNATUI			X.			22c. DATE SIGNED	
OR DIRE	1	Malda	valde.	DEGREE	PHYS.	MED. DIRECTOR PHYS.	15 DEC 68	
D HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22d. PHYSIOIA NAME (T	Ype) DONALD RO	DEDER, MD. (f.c.	DR MC USI	NA VAL HOS	PITAL BETHES	DA MARYLAI	ND.
UN Gulfe	23a. BURIAL, CREM		23c. NAME	OF CEMETERY OR C		23d. LOCATION (City or Tox		(State)
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EOD CTATE	1	2/31/68 kkDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8001
FOR STATE HEALTH DEPT.	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Doy Year 2b. HOUR
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y delay is PM3. Page Output of	3. 9	SEX 4. RACE 5. DATE OF BIRTH 7.808 6. AGE (in yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2 196 9 5 M
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		Schrige Williams Ginna Buston	
hou hou		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Rullie Virullisease,	any sul
₽.5 7 1.5		18. CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medicol		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Smoke inhalation and burns, diffuse, 40%	
e execution pending" st Medico sit permit vent with		890 X DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe inef		Conditions, if ony, which gave rise to immediate cause (a), (b)	
ould word he Ch ial-tra any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e re word "per o the Chief I burial-transit		(c)	
s certificate should be execute e, writing the word "pending" forworded to the Chief Medicol e used os o burial-transit permit emoval, ond in any event with	10	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th provided to used os o	NO	9/60	20. AUTOPSY?
his certificate, writing to forword be used o	S	196. CONDITION OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
be entr	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	
4		PRIMARY TO R CONTRIBUTING HOUR AM	1 10.)
INER: e cer shoul files. 3 sho ation	MEDICAL	CAUSE OP DEATH  21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street ar R.F.D. Na. City or Town	County State
		WHILE MOT WHILE ST factory, office building, etc.)	
bical Exampleose execute the director. Poge 4 etained for your DIRECTOR: Poge or to buriol, cremon to			7
EXECUTE EXECUTE OF TOR: Unriol,		22a. I certify that I took charge of the remains described above, held an Autopsy, * Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Homicide Undetermined manner	ond in my apiniar
pleose I director retained I DIREC		deally resolved fram: National causes, Accide in, Solicide, Hornicide, Orderermined mariner	
ple dis		ACTUAL () ) ACTUAL ACCUSTANT MEDICAL SYMPHOLOGY 22h DATE SI	GNED
Pr pr		DEDITY MEDICAL EVAMINED V	3,1968
o DEPUTY DIC, necessory, please e the funeral director S may be retained D FUNERAL DIRECT Health prior to bu		EXAMINER'S NAME (Type)  ADDRESS(Street, city, tawn, ar caunty)	
TO DEPU necessor the fune 5 may b TO FUNER Health	230		County) (State)
H	L	Barral 12-16-68 Forest Oak Garthersburg	morag Med
Q	24	FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Caither Sburg. Md DATE DEC 19 1968 Common ADDRESS Caither Sburg. Md DATE DEC 19 1968 Common ADDRESS CAITHER DEC 19 1968 Common ADDRESS CAITHER DEC 19 1968 Common ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 1968 COMMON ADDRESS CAITHER DEC 19 19 19 19 19 19 19 19 19 19 19 19 19	
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01	MAKTLAND STATE DEPARTMENT OF HEALTH
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	17902 CERTIFICATE OF DEATH 18003
4 24	1. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
death	(Type or print) ANNETTE WEINER 13 onth 4 pay Greger 520 M
5 A + 5	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
£ 1265	last birthday)   Months   Days   Hours   Min
hours n by s. Pag hours	70. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? B. MADDIED TO NEVED MADDIED 9. COUNTY OF DEATH
	COUNTRY) (0
poper / /	MIDOWED DIVORCED MONTGOMERY COUNTY Md.
completely filler tove corbon popers y event, within 7	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during mast of warking life, even if retired.)
oleraly to corbon ant, with	DILUCK, DRING, MI HOLY CROS. HOUSEWIFE
omplered ve corb	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE  13b. COUNTY  13c. (ITY OR TOWN  13d. INSIDE CITY LIMITS?  YES NO  7  7  7  7  7  7  7  7  7  7  7  7  7
scut som sove	ma mander silversing 714 Lowander LANE
ond com	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be din o	DAMUEL MINDIN KAY MERICAN
certificote be executed g physicion ond comple Then pleose remove co maval, and in ony event	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. on unknown)   (If yes give wor or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address
tific hys n p	Yes, no, of unknown) (If yes give war or dates of service) 213-10392846WEYWEINER SAME AS 13
eath certifi ending phy nit. Then or remava	18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath affirm	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) SSPISOTOLY FOILHES 29425.
de de litter n', o	4339 DUE TO, OR AS A CONSEQUENCE OF
the contribution	Conditions, if any, which gove (b) CEREBRAL TURING OSIS DOVS
nat J. Hy the	nse to immediate cause (a).
equires that the death ce physician. signed by the ottending buriol-tronsit permit. Th buriol, cremation, or rem	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF LOS CLOSES 1-2 YRS.
uire hysi gne gne urio	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	230 WANTE
: The low re or ottending e has been i use os the alth prior to b	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
tten ds E os prie	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES NO. 21c. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OF INJURY OF FINITE OF INJURY IN PORT 1 or Port 2. Herm IR.)
ICIAN: Though or of the of Health	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
ol o icot for He	The first time of thouse of the principle
SICI spit ed ed ed . of	\( \tilde{\tilde{I}} \) (If either, notify medical examiner)   P.M.   19
PHYS he host his cel etache Dept.	21d. INJURY OCCURRED While Not while
the det	at work of work
ENDING ned by th R: After to vid be do	22a. I certify that (I) (this hespital) attended the deceased from 12 , 19 , ta 17 , 19 , thet (I) (we) last saw the deceased give an 19 , and that in (my) four) applican death occurred on the date and hour and from the
R: A	saw the deceased alive an
OR ATTEND be retoined DIRECTOR: A je 3 should ed with the	226. SIGNATURE 226. DATE JIGNED
OR JOR JOR JOR JOR JOR JOR JOR JOR JOR J	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
V De y be oge oge filed	22d. PHYSICIAN'S 2/2e. ADDRESS
moy be moy be RAL DIR	NAME (Type) HORS CD STERLING MD 1352 UNIV. BEUD ENT
Poge 4 moy be retoined by the hospitol or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detached for us should be filed with the State Dept. of Healt	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. 40CATION (City or Town) (County) (State)
T ge T side	REMOVAL (Specify) 12-6-1968 DETAL BARE ADATAL RASE Con DALTIMORE MAD
5-5	24/FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR L2Sb. REGISTRAR'S SIGNATURE
VR ATE SOM REV. V 68	Gredleighteneul Ame 42179 XX SI XW DATE DE C J 1968 flowers Judge
/4:10	DAILORD

MAKTLAND STATE DEPAKTMENT OF HEALTH

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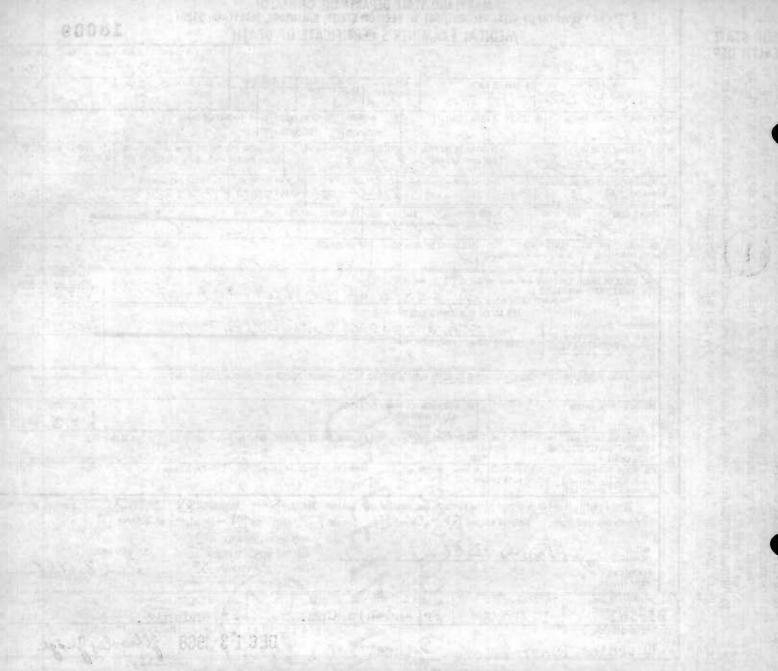
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  18007	
. 2 .	DECEASED-NAME First Middle, Lost 20. DATE OF DEATH	2b. HOUR
n by the funeral security. Proges Lond 2 hauts after death	(Type or print) MARY CATHERINE WERLE 12 Month 28 Day 68 Year	605 M
797	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IFUNDER LYEAR   IF	UNDER 24 HRS.
	FEMALE CAUC. JAN. 7. 1879 lost birthdoy) RS. MONTHS DAYS HO	OURS MIN
90 47 3	O. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUNTRY)	
	WASH- O.C. USA WIDOWED DIVORCED MONTEOMERY	Md
0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street oddress)  FRIRLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  FRIRLAND  FRIRLAND  NURSING  HOUSE WIFE	SINESS OR
47	BO. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dission) STATE WASH DC- YES NO   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   16.35 WEBSTER ST.	N-E
3		Lost
	AUGUST NEFF URLKBUOW Julia Brooke	2
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doles of service)  17. INFORMANT Address	
	216-16-4372 FROM MEDICAL RECORD.  APPROXIMATE  APPROXIMATE  APPROXIMATE	INTERVAL
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	AND DEATH
	IMMEDIATE CAUSE (a) / Lew Fertiles 1-20	Van
	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)	110
	rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  O  O  O  O  O  O  O  O  O  O  O  O	Joan
	lost. (c) Denerolled debilialing and of	Y
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
	334x Chronic hypochrone anemia	
2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  206. IF YES, WERE FINDINGS CONSIDERED IN CERTIC CAUSES OF DEATH?  197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSE OF DEATH?	FYING
	ZIC. (1017 HOOK) OCCORRED (EITHER HOUSE OF HILLIEF AND Z. HEITH 10.1	7. 11
	Liff either, notify medical examiner) P.M. 19	1000
	While of work	Stote
	22a. I certify that (I) (this hospital) attended the deceased from 2/5, 1962, to 12-28, 1964, that (I) saw the deceased give on 12-28, 1968, and that in (my) (our) opinion death occurred an the date and hour and	(we) lost
	saw the deceased alive on 1968, and that in (my) (our) opinian death occurred an the date and hour and causes stated above, (1) (we) (did) (did not) view the body after death.	a from the
	226 SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED	10
	THE DEGREE PHYS. DIRECTOR PHYS. LI / 2 - 28 -	68
1	22d. (PHYSICIAN'S NAME (Type) John R. Spencer 22e. ADDRESS DURTONSVILLE, M.O.	
	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
	REMOVAL (Specify) Burial 12-31-68 Mt. Olivet Washington, D. C.	
	FUNERAL DIRECTOR Of 599 uniquesity Blog V 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	Mancis & Callins Silver Spring , Ind. DANAN 3 1969 Acharles Judge	6

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1	MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND STATE DEPARTMENT OF HEALTH  MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1800	19
HEALTH DEPT.		Yeor 2b. HOUR
t of	Care Cottle Write DEATH MATED \$\int \lambda /2/7	188 3P.N
hours ofter deoth any delay is tem 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page and 2 with the State Department of ther death.	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month Doy YEAR 7. AGE 7. DATE OF BIRTH 7. DAYS HOURS MIN MONTHS DAYS HOURS MIN CONTROL OF THE PRONOUNCED DEAD MONTHS DOY YEAR 7. DATE OF BIRTH DOY YEAR OF THE PRONOUNCED DEAD MONTHS DOY YEAR 7. DATE OF BIRTH DOY YEAR OF THE PRONOUNCED DEAD MONTHS DAYS HOURS MIN DOY YEAR 7. DATE OF BIRTH DOY NOT HOURS MIN DOY YEAR OF THE PRONOUNCED DEAD MONTHS DAYS HOURS MIN DOY YEAR DAYS HOURS MIN	2d. HOUR
an 1, 2, m P	76. BIRTHPLACE (Stote or foreign   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
ges for	10. CITY OR TOWN, OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dope 12b. KIND	OF BUSINESS OR
fer deoth Give Pages ang with for th the State th.	Bettesda give street oddress) Suburband during most of working life, even if retired.) INDUSTRY	
hours ofter deoth Item 18. Give Pages 1, Office olong with form I ond 2 with the Stote De	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE J USB. COUNTY (Washington YES NO 1745 Cepshow)	St N.W
hours Item 1 Office 1 ond 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
12 S S S S S S S S S S S S S S S S S S S	160. WAS DECEASED EVER IN US. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS FORCE &	the
within 24 mentil in the companies of the	(Yes, no, or unknown) (If yes give wor or dates of service) mis and military made	1
~ c w ~ c	AUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	ROXIMATE INTERVAL EEN ONSET AND DEATH
be executed "pending" in iief Medical Bunsit permit, Fevent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) NYOCZICIO I INSTACTION ACUTE.  Re DUE TO, OR AS A CONSEQUENCE OF	cent-
be e "per nief <i>I</i> nnsit even	Conditions, if ony, which gove nise to immediate couse (a), (b) Thrombosis Coronary Artery Re	cent.
INER: This certificate should be executed secrificate, writing the word "pending" in should be forwarded to the Chief Medical Pfiles. 3 should be used as burial-transit permit. Files.	stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	
e sh the to t to t bur	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
vertificate writing the rwarded to seed on a noval, and	4201	
certif orwar used moval	WHICH OFFICE DUTTO	AUTOPSY?
This icate, be for	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	YES NO
INER: This e certificate should be files. 3 should be nation, or re	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County	
	WHILE ONT WHILE Office building, etc.)	Stole
DEPUTY  DICAL EXAM  DESSORY, please execute the  etheral director. Page 4  may be retained for your  FUNERAL DIRECTOR: Page  eolth prior to buriol, crem	22a. I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X), Inquiry (X), and	d in my opinior
ICAL exector. From From From From From From From From	death resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined manner	a in thy opinion
please e director retained DIRECT	ACTUAL C) L Q Q CHIEF MEDICAL EXAMINER C	
ry, peral be re RAL prio	SIGNATURE	1968.
o DEPUTY necessory, F the funeral 5 may be n 0 FUNERAL Health price	EXAMINER'S NAME (Type)  ADDRESS(Street, city, town, or county)	77-0
the 5 n	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
	Burial 12/10/68 Friendship Cem. Friendship.  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Мд
VR A15ME [5	Hutchins Funeral Home Owings, Md DATE DEC 13 1968 Clienter &	ndel.
10M REV. 1/68	THE PURITY FULL HOME OWILLES . FIG.	



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1		TARRE		CERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	18010
-		COLOTA MANAGE				
death.		CEASED-NAME First pe or print)	Middle	Lost	20. DATE OF DEATH  Month Doy	Yeor 2b. HOUR
		MA	RCUS AIV	IN WHITE	DECEMBER &	KI 1968 7 PO.M
	3. SE	(	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
		MALE	WHITE	2/24/	34 YRS.	
	70. E	IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
		Virginia	u.s.	WIDOWED DIVORCED	MONTGOMER	. Y. Md.
_	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 120.	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
	3	ILUER SPRIN	give street oddress)  MOLY CRO.	S MOSPITAL Z	ng most of working life, even if retired.)	Privale
, [	130.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	
2	oami	STATE .	HOWARD THE	WOODBINE YES	NO RED#2	
1	14. F	ATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN NA	ME First Middle	Lost
		Malvin /	Maxwell White		Mamie Lellea	no Hale
1		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	/
1	7	es, no, or unknown) (If yes give v	579-44-	9977 HOSPIT	al Record	15
Ī		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c	).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c D BY: ATE CAUSE (a)	ang Fallant		days
П		1712	DUE TO, OR AS A CONSEQUENCE OF	The second secon		-1/
-1		Conditions, if any, which gave		1 1	avcoma	312415.
- 1		rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		/	
		lost.		sarcoma 1/21	ightarm	3915
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASI	ORCONDITION GIVEN IN PART 1(0)	
1	-	1972				
1	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (	CONSIDERED IN CERTIFYING
	IFIC			YES N	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYIF		21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 1B.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	th HOUR A.M. Month Doy Yeo ner) P.M.	19		
	MED	21d INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME, FARM, STREET, F	ACTORY.) 21f. LOCATION Street or R.F.	D. No. City or Town	County Stote
		While Not while ot work	OFFICE BUILDING, ETC.			
		220. I certify that (1) (4)	is hospital) attended the decea	sed from NOV	1968, to 12/2/ 19	65, that (I) (we) last
		sow the deceased o	live on 12/2/	19 5 and that in (my) (our	19 <u>6 %</u> , to <u>12 12 1</u> , 19 <del>) o</del> pinion deoth occurred on the do	ate and hour ond from the
		causes stated abov	e, (I) (we) (did) (did not) view the	body after death.		
		22b. SIGNATURE	1 /4	ATTENDING >	MED. STAFF	DATE SIGNED
		-/ * X	lunera co	DEGREE PHYS.	DIRECTOR PHYS.	421108
		22d. PHYSICIAN'S NAME (Type)	eonard Gold	22e. ADDRESS 5', /ve/		
					Spring - md	
	23a.	BURIAL, CREMATION, 23b. REPOYNLES PROTEST	DATE 23c. NAME O	CEMETERY OR CREMATORY  Greve	23d. LOCATION (City or Town)  Glenwood He	(County) (Stote)
1	-				EC'D BY REGISTRAR 2Sb. REGISTRAR	
1	24.	FUNERAL DIRECTOR Francis H. Bal	bor Laytensy	122 162		
		A A CONTRACT IN DEA	207 44161	DAU	C 2 6 1968 Clear	Col Marie

12021 ARTHUR DE CAK DIE STER BUSINESSER BUNGEN DE STERRE STEEL THE THE THE THE WARRENCE IN A WORLD ENDER THE PROPERTY CASE FROM NOT AND THE STREET STREET Heusewife To Home of Wash Bild Comme SMOGE TERMINA THE MANGET PRESE SMOTHER SHAD AVIDE TO THE TOTAL DISTRICT STREET BURGET BURGET OF THE TOTAL SCH GRANTINE " MED FAIT MAGED " PALISTE LESS The same of the same are well and the same of the same

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	100	arathra da	DIVISION OF VITAL RECORD	OS, 301 W. PRE	STON STREET, BALTIMOI	RE, MARYLAND 2120	1
the second		TENOT			TE OF DEATH		18012
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	3. SI		4. RACE	5.	DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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ATT Start Start		22b. SIGNATURE	of (if Essa) (uita) (usamor) from t	no body onto doc			22c. DATE SIGNED
OR be re		Maries	T. Karrolde. 1	15 DEGREE	ATTENDING MED. PHYS. DIRECTO	OR STAFF	12-19-1968
AL DOGG		22d. PHYSICIAN'S	11		22e. ADDRESS	- /	111
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 should be detached far use as the burial-transit permit. Then please remainshould be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any		NAME (Type)	FRUCH 1. KIM	BLE, MID	9801 20	eresta leve,	Supre Spring my
HO Bge FUN haul	23a.	BURIAL, CREMATION, 23b.		OF CEMETERY OR CR		. LOCATION (City or Town)	(County) (Stays)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18014 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR signed by the attending physichag <u>and c</u>ompletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages frand 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death. (Type or print) GENE WILDER Month BARBARA DECEMBER 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR cuted within 24 haurs after FEMALE CAUCASIAN last birthdoy) HOURS 3, 1922 JANUARY 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WEST VIRGINIA USA MONTGOMERY WIDOWED T DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress AVAL during most of warking life MSAifretired.) GOVERNMENT BETHESDA, MARYLAND HOSPITAL 13o. USUAL RESIDENCE (Where deceosed fived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OUNA PLAND PRINCE GEORGE'S 4309 KENNY STREET BELTSVILLE YES 🔽 14. FATHER'S NAME First Middle IS, MOTHER'S MAIDEN NAME First Middle BURDYN JOSEPH pe ROSALEE GORCZYCA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (HUSBAND) Yes, no or unknown) (If yes give war or dates of service) 236-20-8994 STERLING H. WILDER 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: MASSIVE INTRACEREBRAL HEMORRHAGE DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar tal OR ATTENDING PHYSICIAN: The law 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES CAUSES OF DEATH? YES K NO | TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from DECEMBER 1, 1968, to DECEMBER 1, 1968, that (1) (we) last saw the deceased alive on DECEMBER 1, 1968, ond that in (my) (our) opinian death accurred an the dote and haur and from the causes stated above, (1) (we) (did) (XXXXXXX) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DECEMBER 11, 1968 DEGREE PHYS 22d. PHYSICIAN'S JOHN A. ROUTENBERG, LA MC USN 22e. ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h DATE 16/68 (County) (Stote) ARLINGTON NATIONAL CEMETERY VIRGINIA ARLINGTON. 24. FUNERAL DIRECTOR NALLEY FUNERAL HOME ADDRESS VR A15 (4) 45M - 1/69 3200 RHODE ISLAND AVE., MT. RANIER, MD.

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- 1				ND STATE DEPARTMENT OF		
		18004	IVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		1004
-		1000		CERTIFICATE OF DEATI	<del> </del>	18015
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1	11	ype or print) FADE	ELY C.	Wiley		20 1968 12 pt
	3. SE	1	4. RACE	S. DATE OF BURTEN	6. AGE (In yeors	IF UNOER   YEAR   IF UNOER 2 HRS.
ı		Male	white	Fet he	last birthdoy) YRS	
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l		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR		JSUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ı	~	Takoma Park	give street address) .	ton SAN + HOSP	g most of working life, even if retired.)	INDUSTRY
		USUAL RESIDENCE (Where deceosed	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE C		THE RICK
	odmi	ssion) STATE Maryland	13b, COUNTY + acmes	Damascus YES	NOD Bellisor	, Rd.
	14. F	ATHER'S NAME First	Middle / Vast	IS. MOTHER'S MAIDEN NAM		Lost
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		es, no, or unknown) (If yes give wor o	odiez or zervice)	Washington	Sant Hosa Reces	ede - 19 Komu PKA
1		1B. CAUSE OF DEATH (Enter only o	one couse per line for (o), (b), ond (	().)	n	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ı		PART I. DEATH WAS CAUSED B IMMEDIATE	Y: CALISE (a)	many on	celession	
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		Conditions, if ony, which gove	(b) C	eronamy ce	item dises	ase
		rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F /		
П		lost.	(c)			
		PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	2	4201				
П	CERTIFICATION	190. DATE OF OPERATION 19b. COM	NDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	
	TH			YES W NO	CAUSES OF DEATH? CO	
	(ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		enter noture of injury in Port 1 or Port 2	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yes	19		
١	ME	214 INTURY OCCUPPED 216 PL		FACTORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
		While Not while at work	COTTLE BOILDING, ETC.			
ı		22a. I certify that (I) (this	haspital) attended the decec	sed from 1965, 1	9, to Dec 20, 1	9_1968 that (I) (we) las
ı		saw the deceased aliv	e an Dec 20	1968, and that in (my) (aur)	apinian death accurred an the d	late and haur and fram th
			I) (we) (did) (did not) view th	е ваау аттег аеатп.	1 02	DATE CICHED
		22b. SIGNATURE	San M D	DEGREE DAYS	MED. STAFF	12.21-68
		22d. PHYSICIAN'S	now mis	DEGREE PHYS. 22e. ADDRESS	DIRECTOR PHYS.	12.21-68
		NAME (Type)		901	3 Flower	ave Schoer a
	230	BURIAL CREMATION, 23bDA	IF 230 NAME O			- Allery I
	230.	BURIAL CREMATION, REMOVAL (Specify) 23b. DA	ec. 24 Gr	r CEMETERY OR CREMATORY een Hill Cemet	rey	(County) (Stote) Virginia
	24.	FUNERAL DIRECTOR	ADDRE		D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE
		Lee Funeral	Home 300	4th St. N.E. DATDE	C 2 4 1968 RClia	was Judge

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	1			AND STATE DEPARTMENT OF		
		18005	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BAI		
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and	L	Type or print}	ie E	Wilkins	Month Doy	1968 1130
within 72 hours after	3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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70	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL O	R INSTITUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work done mast af warking life, each if retired.)	12b MND OF BUSINESS OR
10	120	Dethes	an 2	and the same of th	youse where	INDUSTRY
15	odn	ission) STATE Where deced	ased lived, if institution: Residence be		"LIMITS?   13e. STREET AND NUMBER	
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	L	es, no, or unknown)	220-2	6-495291 anlear	welking Haller	man Boyls
		18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and	I (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		last. 4201	(c) ateruse	levelo beart is	ulder	1-spean
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
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o	RTIFI			YES NO [	CAUSES OF DEATH?	~
		21g. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 ar Part 2, I	tem 1B.)
	MEDICAL	(If either, natify medical exam	iner) P.M.	19		
	W		PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T. FACTORY.) 21f. LOCATION Street or R.F.D. N	a. City or Jawn	Caunty State
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		saw the deceased of	alive an 17 Becemble	eased fram 12 Poce 19 19 19 19 and that in (my) (aur) ap	pinian death accurred on the dat	te and haur and from th
	14	causes stated abav	e, (I) (we) (did) (did nat) view t	he bady after death.	man dodni decorrod dir riic ddi	c and hadr and ham in
		22b. SIGNATURE	000 0 00	ATTENDING	MED. STAFF 22c. D	ATE SIGNED
	1	frederic	la Caldwell	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS.	2-18-68
1		22d. PHYSICIAN'S NAME (Type)	Salve C Con	22e. ADDRESS		
		1150	7101-10-1		wive, mr.	
	23a.	BURIAL, CREMATION 23b.	DATE 21 / Q 23c NAME	OF CEMEJERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
20	24.		7		1. 100	ments Md
, JA	7	San est	mest Cartner	Estaithersburg . Mab. RECD	BY REGISTRAR 2Sb. REGISTRAR'S S	SIGNATURE
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-	country)	HPLACE (State o		7b. CITIZEN		COUNTRY?	8. MARRIED WIDOWED	NEVER MA	RRIED   ORCED	9. COUNTY				
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2	Wh	eaton		1	give stree	et address)		'a	during m	ast of wark	ing life, even if GOV. PI	retired.)	INDUSTRY	
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	admissia	n) STATE (	.2.0	1,≸b. COU	NIY		Washi	ngton	YES N	0 7	27 Sher	phero	St.,	N.W.
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1	1B.	CAUSE OF DE	ATH (Enter o	nly ane cause		ar (a), (b), and (c		- 0	100	4	0	7-	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
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	PA	RT 2. OTHER SI	GNIFICANT CO	INDITIONS CON	TRIBUTING	G TO DEATH BUT I	NOT RELATED V	O THE TERMIN	AL DISEASE OR	CONDITION G	GIVEN IN PART 1	(a)		
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ı		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	A.M. A	Manth Day Year		IOW INJUNT OF	COKKED (EIIII	er nature at	injury in ran 1	ai raii 2,	HeIII 10.)	
1		either, natify n			P.M.		CTORY 1 21f I	OCATION Str	eet ar R.F.D. No	n .	City ar Tawn		Caunty	State
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1			ated obov	e, (I) (we)	(dîd) (di	d nat) view the	body after	death.	,,,,,,			- 7115		
	221	. SIBNATURE	1.	0	M	17.	1.	& ATTEND	ING -	MED. r	STAFF r	22c.	DATE SIGNED	100
		Jean	10	J. /	VI	uncho	COEG	PHYS.		MED. DIRECTOR	STAFF PHYS.	9/	2/11/	68
	220	NAME (Type)	PEDA	201.	MA	TIAS	MIL	22e. AD	DRESS 47/	2/110	1190	nes	9175	1705
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	RE	RIAL, CREMATIO	1	DATE 2/16/19	68	ZSC. NAME OF	Lincol	1			itland,		(County)	(State)
	24. EHIN	ERAL-DIRECTOR				1 ADDRES	. /	reets	172507 REC'D	BY REGISTRA	R 2Sb. R		SIGNATURE	
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	DIVICION OF VI	MAKTLAND STATE DEPARTMENT		
5	1 2008	AL RECORDS, 301 W. PRESTON STREET, I CERTIFICATE OF DEA		10010
. 6.	1. DECEASED-NAME First	Middle Last	2a. DATE OF DEATH	18019 2b. HOUR P
requires that the death certificate be executed within 24 haurs after death. g physician.  signed by the attending physician and campletelt filled in by the funeral e burial-transit permit. Then please remave carbon papers. Pages 1 and 2 o burial, crematian, ar remaval, and in any event, within 72 hours after death.	/=	almont Willoughby, I		1968 8:15 M
fun fun fer d	3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	JE UNDER 1 YEAR   JE UNDER 24 HRS.
the ages of	Male Wh:	Lte 27 April	1951   last puthday) YRS.	NONTHS DAYS HOURS MIN.
aur aur	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT (	OUNTRY? 8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 4 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	District of Columbia U	SA WIDOWED DIVORCED	Montgomery	Md.
filled thin 7.	10. CITY OR TOWN OF DEATH	DF HOSPITAL OR INSTITUTION (If not in hospital	. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
The second	Bethesda The	Clinical Center, NIH	ing most of working life, even if retired.) Student	None
car	13a. USUAL RESIDENCE (Where deceosed lived, if institution:		E CITY LIMITS? 13e. STREET AND NUMBER	
cam cam	District of Columbia COUNTY	Washington YES X	7 0 0 000 1000	
and rem	14. FATHER'S NAME First Middle	Last 15. MOTHER'S MAIDEN N		Lost
an an ase		Villoughby, II  SOCIAL SECURITY NO. 17. INFORMANT The M	Clara  [edical Record Address	Fagg
ertificate be physician a pen please aval, and ir	Yes no ar unknown) [If yes give war or dates of service]	ot available The Clinica		ada 161
ph hen hen			Center, Nin, Bethe	APPROXIMATE INTERVAL
ne death cer attending p permit. The ian, ar rema	IB. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ticemia		5 days
dea fren rrmin 7, ar	1/11//			) uays
the at the attian	DOL TO, OK AS A	te Lymphocytic Leukemia		1 month
hat n. y th ansi	rise to immediate couse (o), (b) DUE TO, OR AS A			1 11011011
es the sicial sed by the sed by t	lost. (c)			
equires that the physician. signed by the burial-transit p burial, crematio	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a)	
re ing en he h	Small bowel obstruction	, intestinal bleeding, n	meningitis	
The law ratending has been se as the th priar to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH (	DPERATION WAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The aff	HILL IN THE PROPERTY OF THE PR		[O L] les	
AN: al ar cate ar u		URY 21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Part 2, Ite	om 18.)
Sicility Spring	(If either, natify medical examiner) P.M.	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed vege 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event,	21d. INJURY OCCURRED While Nat while at work of work	OME, FARM, STREET, EACTORY.) 21f. LOCATION Street of R.F.	D. No. City ar Tawn	County Stote
N th	220 I certify that (K (this hasnital) attend	ed the deceased from 21 Nov.	19.68 to 4 Dec. 196	8 that 00 (we) lost
NDI d b d b d b e St	220. I certify that (A) (this haspital) attends sow the deceased alive an 4 Dec	ember 19 68 and that in (xxx) (our	) opinion death occurred on the date	e and haur ond fram the
OR Saine	couses stated above, 🦂 (we) (did) (Mix	XXX) view the body after death.		
R A A SECT SET WITH WITH	22b. SIGNATURE	malen MD DEGREE PHYS.		ATE SIGNED
o l belified	22d. PHYSICIAN'S	220 ADDRESS	The Clinical Center,	National
D HOSPITAL OR ATTENE Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type) Richard J. Sams		tes of Health, Bethe	
HOSI UNE CONE ecta auld	23o. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
o Page	REMOVAL 19 17 Dec 68	Ft. Lincoln Cemeter	Bladensburg.	Md.
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X	-	1:11		CERTIFICATE OF D		, MAKTLANU ZIZ	18	020
ċ	1. D	ECEASED-NAME First	Middle	Last		ATE OF DEATH		Joh HOUR
deat	(1	(ype ar print) ANI	VA T	Wink		Manth	Ay 19 Year	/ 11:15PM
	3. SI	Fe	4. RACE WB	S. DATE OF BIRT	H -21, 190;	6. AGE (In year last birthday)		
		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED DIVORCE	1 nn	NTY OF DEATH	PU	Md.
90	1	ethesda MD.	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in haspital assure LANC)	during mast of w	PATION (Kind of work rarking life, even if reti		OF BUSINESS OR
5		USUAL RESIDENCE (Where decease issian) STATE	ad lived, if institution: Residence before		d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMB	BER 8207- Lus	illy Store
1	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIL	DEN NAME First	Mid	Idle	Last
		WAS DECEASED EVER IN U.S. ARM 'es, na, ar unknown) (If yes give wo	ED FORCES? If or dates of service)  16b. SOCIAL SECURITY  182 30 3	11 11	-1 RECO	Addi	ress	TOY S
		18. CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), and (c)	.)			APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a) Carcin	m 1 cole	M.		30	eens.
2		Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF					4
		rise ta immediate cause (a), (	(b)					
		stating the underlying cause last.	(c)					
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITIO	N GIVEN IN PART I(a)		
2	CERTIFICATION	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPS	NO LA	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN	CERTIFYING
	CERTI	21a. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY	21c. HOW INJURY OCCU	LL	af injury in Part 1 ar P	Part 2. Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M.					
	WE		PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street	ar R.F.D, Na.	City ar Tawn	Caunty	State
		22a. I certify that (I) (thi saw the deceased al	s haspital) attended the deceas			eath accurred an t	_, 19 <u>42</u> , the the date and hau	at (I) (we) last or and fram the
		22b. SIGNATURE	, (I) (we) (did) (did nat) view the	bady after death.			22c. DATE SIGNED	
		1	Sont/	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	12/9/1	r
1		22d. PHYSICIAN'S NAME (Type) 3 L	AINTE H. E	7 22e 49084	19Je	ogacy	Menley	hyper
	23a.	8URIAL, CREMATION, 23b. C REMOVAL (Specify)	ATE 2-68 23c. NAME OF 5A/E	CEMETERY OR CREMATORY M.	TWP CT	LOCATION (City or Town	n) (Caunty)	istorie)
	24.	FUNERAL DIRECTOR ROBER	TA. Hun phr ADDRESS	_ 17	Sa. REC'D BY REGIST	[4	STRAR'S SIGNATURE	
	1	551-WISPAN	ISIN HUG. BE	THESOK, MY	DATE DEC.	6 1968 2	markey y	MAGE

00000 RESIDENCE TO SET ASSETS THAT ANT PARK so special section of the section of Umphelmonnections DIS Francis OF C 1 6 1963 / Clark

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10010 CERTIFICATE OF DEATH 1802 DECEASED-NAME Amy Louise Lost 20. DATE OF DEATH 2b. HOUR (Type or print) WITMAN Dec Month 16Doy 1968 12:50Am sicion and completely filled in by the the please remove carbon papers. Pages I and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF LINDER 24 HRS Female Caucasian Dec 14, 1968 last birthday) within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countMaryland USA Montgomery WIDOWED [7] DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR givNavales Hospital Bethesda during most of working life, even if retired ) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before buriol, cremation, or removal, and in any event, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Pristrict of Columbia COUNTY Washington. YES NO Neptune Green 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Lost David C. WITMAN requires that the death certificate be' Judith A. BURDENS 17. INFORMANT (Mother) 16b. SOCIAL SECURITY NO. #8deNeptune Green 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, (Ver unknown) (If yes give war or dates of service) Judith A. WITMAN Washington, D. C. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Prematurity DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit Conditions, if ony, which gave ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) After this certificate has been be detached for use os the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? NO T YES X be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work TO FUNERAL DIRECTOR: After 220. I certify that (this haspital) attended the deceased from Dec 14 , 1968 , to Dec 16 , 1968 , that (x) (we) lost sow the deceased olive on 1968 , ond that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted obove XXX (we) (did) (XXXXXX) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR 17, 1968 Dec DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Gene P.SWARTZ, M.D. NAME (Type) Naval Hospital, Bethesda, Maryland 23b. DATE 12-18-68 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) BW9Y4 & Decify) Arlington National Cemetery Arlington. Virginia 24. FUNRAL DALCTOPUMPHREY FUNERAL ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 7557 Wisconsin Ave, Bethesda, Md. DEC 26 HOME 1968

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FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH										1802	2				
HEALTH DEPT.		ECEASED-NAME Type or Print)	GRACE	c†		Middle		WYND	Last			OF	KNOWN ESTI- MATED	Manth Dec.	Day Year 4 19	2b. HOUR :
ny delay is gend 3 to	3. S <b>F</b> e	emale	4. RACE Cauc	S. DATE O	of BIRTH arch		6. AGE (In years in thicky)	MONTHS MONTHS	DAYS DAYS	IF UNDER 2	MIN.		RONOUNCED		Year 19	2d. HOUR
De De		BIRTHPLACE (State		7b. CITIZEN O	F WHAT (O		8. MA	RRIED TO		RIED 🗌	9. COU	Mond	ATH tgomer	73.7		Md
with form		Bethesd:			11. NAME O	F HOSPITAL	or institution	-	haspital	12a. U. during	SUAL OCC	CUPATION (	Kind of war ife, even if r LIE	rk dane	12b. KIND OF E INDUSTRY	
along after along with death.	13a.	USUAL RESIDENCE	E (Where dece	sed lived, if i	institution:		before 13c. CITY	or town	on lad	INSIDE CITY L	IMITS?	13e. STREE	T AND NUME Yuma	BER	eet	
hin 24 hours after ncil in Item 18. Gi niner's Office along pages 1 and 2 with hours after death.	14. [	FATHER'S NAME	First	٨	Aiddle	Whi	lost te	IS. MOTH	ER'S MAID	EN NAME	First		Mid	dle		ast
vithin 24 bencil in aminer's e pages 2 hours	160.	WAS DECEASED EV	ER IN U.S. ARMED	FORCES? e war or dates of se	rvice) 16b. S	SOCIAL SECU	RITY NO.						e. 48	S	ıma St.	
uted wig in Elical Exe	1		DEATH (Enter of		~		nd (c).)				194				APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
DICAL EXAMINER: This certificate shauld be executed within 24 hours after death se execute the certificate, writing the ward "pending" in pencil in Item 18. Give Prages extar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with for ined far your files.  RECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the Store o burial, crematian, ar remayal, and in any event within 72 hours after death.			ny, which gave	DUE TO	O, OR AS A	CONSEQUEN	ICE OF	A155		ises	100				400	
shauld ne warc a the C burial-t		stating the underlying cause lost.    DUE TO, OR AS A CONSEQUENCE OF														
ificate iting that arded to as a a al, and	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  4221														
INER: This certificate certificate writing should be farwarded files. 3 should be used as notion, ar remayal, a	CERTIFICATION	19a. DATE OF O	4			WAS PERFO							1		20. AUTO	
INER: Tile certifice shauld by files. 3 shauld atian, ar	MEDICAL CE	CAUSE OF DEAT	R CONTRIBUTING H	НО	ME OF INJUR UR A.M. P.M.		19		111	no.	ter natur	e of injury	in Part 1 or	Part 2, Ite	m 18.)	
ICAL EXAMINER: This certificate: execute the certificate, writing the far. Page 4 shauld be farwarded to ed far your files. CTOR: Page 3 shauld be used as a burial, crematian, ar remaval, and	ME	21d. INJURY OCC		PLACE OF INJ actory, affice b	URY (At han ouilding, etc.	ne, farm, st )	reet,	21f. LOCATIO	N Street a	r R.F.D. Na.		City o	or Tawn		Caunty	State
DEPUTY SICAL EXAM cessary, please execute the funeral directar. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page calth prior to burial, crem			certify that I sulted fram:		af the re		scribed abov	e, held an Suicide	_	osy 📈 Hamicid	-	pectian [ Undet	Inc ermined r	quiry 🖄 manner [	and in	my apinian
plea I dim reta ior t		ACTUAL SIGNATURE	0	meg	Ba	ee		М	D. ASSIS	F MEDICAL STANT MEDI	ICAL EXA	MINER [	]	22b. DATE S	SIGNED	
o DEPUTY SICA necessary, please extremersary, please extremersary by the funeral director. 5 may be retained to FUNERAL DIRECTOR. Health prior to bur		EXAMINER'S NAME (Type)	John	G. Bal	1, M.				ADDI	ITY MEDICA RESS(Street,	, city, tav	wn, ar coun		Doc	5,19	68
5 = = 5		BURIAL, CREMA REMOVAL (Spec Cremati	on i	2/6/	1968	Ced	ne of cemeter		eter		Su	itlan		100		(State) Md •
VR A15ME (5) 10M REV. 1/68		FUNERAL DIRECT	Talta	vull Fi	nera. W. W	l Home	eton, I	), C.		DATDE		196		GISTRAR'S S		98
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
· Mr.	CERTIFICATE OF DEATH
# _ Z +	1. DECEASED-NAME First Middle Lost 20. DATE-QF DEATH 2b. HOUR
death.	(Type or print) LERG LARY R- FATMAN 2) ocone books year 120 M
5 A73	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IPUNDER 1 YEAR IF UNDER 24 HRS.
	Female White October 16,1884 WAYS MONTHS DAYS HOURS MIN
haurs Frs. Hours	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
1 in eers.	LINStrict of Columbia G. WIDOWED DIVORCED   Moutgomene Country Md.
illec pap	TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
with 4 min 10	Bethascla levestreet oddress) Lane Nansway I a cesting life, even if retired.) INDUSTRY
ed v	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13. CHECK TOWNCLE   Committee   130. STREET AND NUMBER
e executed within 24 haurs and completely filled in by the remaye carban papers. Pages of any event, within 72 hours	Montgomery Kensington VES NOU /9605 Parkwood Drive
exe exe any	14. FATHER'S NAME First Middle Lost Lost
din	John Cantwell Mary Bigan
equires that the death certificate be executed within 24 is physician. Signed by the attending physician and completely filled in burial-transit permit. They please remave carban paper burial, crematian, or removal, and in any event, within 72	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or upknown) (If yes give war or dates of service)  17. INFORMANT  Address  Rethords Md
requires that the death certificate pysician. I signed by the attending onlysters burial-transit permit. Then plea is burial, crematian, or removal, and	No 579-00-4990 Francis A. Teatman Betnesda, Ind.
e Luce	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY:
endi mit.	IMMEDIATE (AUSE (0) Cardiovascular Cardise Sev. hours
aff per ian,	DUE TO, OR AS A CONSEQUENCE OF D
the the nsit mat	conditions, if only, which gove rise to immediate couse (a). (b). Charles Pulluouary Frysachon 1 & hours
the standard by transfer of the standard trans	stoting the underlying couse DUE TO, OR AS CONSEQUENCE OF CONSEQUE
Jires Jires Jirial Trial	PART 20 OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
the law requires the attending physician. has been signed by is as the burial-train hariar ta burial, cre	Helitary Consideration
e law re tending is been as the priar ta	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS ERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
JING PHYSICIAN: The law raby the haspital or attending lifer this certificate has been be detached far use as the State Dept. af Health priar ta	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS ERFORMED 200. AUTOPSY?  YES NO 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)
ogite of	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
CIAN: ital o ifficati I far if He o	Or CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Yeor  (If either, notify medical examiner)  P.M.  19  21d INUIRY OF CHIRRED 21e PLACE OF INUIRY (AT HOME, FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. City or Town County State
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate ge 3 shauld be detached far ut led with the State Dept. af Healt	
PH he this this eta	While Not while of work of work
ATTENDING stained by the TOR: After the shauld be dith the State	
ed led led led les S	sow the deceosed clive on 1962, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did) (did not) view the body ofter death.
Trip to the state of the state	22b. SIGNATURE 22c. DATE SIGNED
REG S S S S S S S S S S S S S S S S S S S	Lean of Multill DEGREE PHYS. DIRECTOR D
AL C L DI L DI file	22d. PHYSICIAN'S   122e. ADDRESS 11125 ROCKVILLE Fike
ro Hospital or Attending Page 4 may be retained by 1 To FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the State	NAME (Type) GEORGE H. MITCHELL Rockville, Maryland
HOS ge 4 FUN recto	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 12-20-68 Cedar Hill Suitland Prince Geolde Mo
5 5 5 P P P P	
VR A15 (A)	24. FUNERAL DIRECTOR ROBERT A. PUMPHY ADORESS  250. REGISTRAR 25b. REGISTRAR'S SIGNATURE  7557-11-1500-150-150-150-150-150-150-150-150
30M REV. 1766	7557-Wisconsin Ave., Bethesda, Md. DAR C 26 1968 Clarles Judge

MAKILAND STATE DEPAKTMENT OF HEALTH

	175	tem23 F12-16/68 16 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
15	7	10039 CEDTIFICATE OF DEATH
٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	***	DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR
death		(Type or print) LIONEL JUSTUS ZIERDT 12 Month 6 Day 68 Year 930 AT
after	s after	SEX MALE: 4. RACE S. DATE OF BIRTH JUNE 12, 1900 6. AGE (In years le under 14 hrs. Months Days Hours Min
4 hour	illed in by the papers. Pagin 72 hours	BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH UNITY) PENNA. U.S. AMERICA WIDOWED DIVORCED MONTGOMERY M.
vithin 2	completely filled ave carban pape y event, within 7	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  SOCI JENNINGS ROAD MECHANIC FOREMAN TRUCKING
cuted v	ompletely fi	O. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE MARYLAN & 13b. COUNTY MONTGOMERY KENSINGTON YES NO 3601 JENTINGS ROAD
be exe	physician and comp hen please semevel noval, and in any eve	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost TUSTUS ZIEROT AMWOA KLINGER
tificate	n pleas val, an	O. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give wor or doties of service) 578-12-7913 MARIE E. ZIEDT SOCI JENNINGS RCAD KENSINGTON, MD.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours	the attending isit permit. T matian, ar ren	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CARCINGA OF THE LUNG (RESUMPTIVE)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	attending physicia has been signed to as the burial-tr priar to burial, as	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  CHRONIC UBSTRUCTIVE EMPHYSEMA, ARGERIOSCUER STIC HEART DISEASE  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Fother nature of injury in Part 1 or Part 2 Item 18.)
ICIAN: Th	Page 4 may be retained by the haspital ar attending  **O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year   P.M.   19
IG PHYS	by the haspii liter this certi be detached State Dept. al	While Not while of work of work
TENDIN	retained by ECTOR: After 3 shauld be with the Stat	220. I certify that (I) (this hospital) attended the deceased from
OR AI	DIRECTOR S Shifted with	22b. SIGNATURE  Liland Holle  DEGREE PHYS.  ATTENDING MED. DIRECTOR STAFF PHYS.  12 - 6 - 68  22c. DATE SIGNED 12 - 6 - 68
SPITAL	4 may be NERAL DIRI tar, page 3 uld be filed	NAME (Type) KICHARD H. POLLEN MD 10400 CONNECTICUT M, KENSINGTON, MR
TO HO	TO FUNER director, shauld b	O. BURIAL, CREMATION, REMOVAL (Specify)  DEC 9, 1968  PARK LAWN CEMETERY  ADDRESS  236. LOCATION (City or Town) (County) (Stote)  COCKVILLE MONTGOMERY MD.  250. REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE
	VR A15 (4) 30M REV. 1768	V. W. CHAMBERS Co. SILVER SPEING MD. DATE DEC 11 1968 Cliarles Judge

